SHROPSHIRE EDUCATION COMMITTEE

School Health Service

REPORT

OF THE

Principal School Medical Officer

1971

COUNTY HEALTH DEPARTMENT, SHIREHALL, SHREWSBURY

MAY, 1972

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To The Chairman and Members of the Shropshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Principal School Medical Officer for the year 1971.

Thumbing through the pages I hope that members of the Committee will be able to obtain a clear picture of the intense amount of work that is carried out by the School Health Service. It is not always realised that the School Health Service is a statutory medical service, which the Authority is obliged to provide. It deals with that section of the community which, apart from the usual short febrile illnesses of childhood, are not seen routinely by the family doctor. The service is interested in helping each child to develop his or her potential to the full and thus is interested in the child's physical and mental wellbeing, his academic potential, his relationship to the educational system and the many and differing influences to which he may be exposed at home and in his environment.

I referred in my introduction last year to the need for the School Health Service to continue as a definite entity—whatever new administrative arrangements are introduced in 1974. At the time of writing there is still no definite news as to what the future pattern will be; these matters are still under discussion. In order that the understandable concern of all who work in the School Health Service be allayed, it is hoped that positive information regarding the future will not be long delayed.

Reference was also made last year to the introduction of vaccination against rubella for girls aged between 11 and 14 years. We are now taking part in a programme of National Surveillance in this County. A prospective survey has been mounted to assess the effect of the vaccination programme on the incidence of congenital defects due to rubella. The surveillance programme will cover a period of at least 10 years. This is considered to be the minimum necessary to detect any change in the incidence of these defects and will also allow for the natural fluctuations which occur in the incidence of rubella. The Department of Health consider that a significant number of children suffering from congential defects due to rubella may well be seen for the first time in various local authority clinics; this particularly in relation to audiology clinics. In Shropshire during 1971, 13 cases were known to

have attended audiology clinics with possible hearing impairment in which there was a maternal history of rubella infection. These are now being followed up.

Considerable attention is still paid to the environmental side of the School Health Service. Our medical officers when attending schools for medical inspections are always asked for their comments on the sanitary circumstances of the school. Any matters that require attention are passed on immediately to the Education Department.

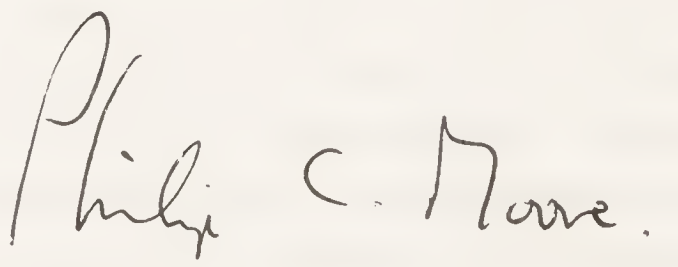
Members of the School Meals Service are also examined at least once a year; new entrants are examined as soon as possible and also given chest X-ray examinations. These examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food. If on initial examination an employee is found to have a history or shows symptoms of any chronic infective condition or of intestinal disorder, the appropriate specimens are submitted to the Laboratory for investigation. This is an aspect of our work which is usually non-publicised but deserves mention as it is one of the fundamental aspects of preventive medicine as applied within the School Health Service.

The School Dental Service continues to flourish and I would particularly commend to the attention of Members of the Committee the contribution by the Principal Dental Officer on pages 29-33. A fascinating account is provided of the new approach to the provision of dental treatment with the use of epidemiological surveys determining the work load and particularly the different pattern of dental disease in different areas of the county. I would like to reiterate the plea for fluoride to be made available in the recommended amount in all the water supplies throughout the county.

In September, 1971 the Developmental Paediatric Scheme was extended to the whole of the county. At the time of writing it is working well and proving most successful. An account of this development will be found on page 20.

May I thank all who have contributed to this report and I would like to acknowledge the co-operation which has always been extended to us by the Chief Education Officer and all members of his staff. My thanks are due to the Chairman and Members of the Education Committee for their support and encouragement throughout the year.

I have the honour to be
Your obedient Servant,



PRINCIPAL SCHOOL MEDICAL OFFICER.

County Health Department,
The Shirehall,
Abbey Foregate,
Shrewsbury.
(Telephone No. Shrewsbury 52211)
April, 1972.

EDUCATION COMMITTEE

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WHITEFORD, W. C.

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(Responsible, inter-alia, for all questions relating to medical inspection and treatment of children and health of children generally).

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UNITT, W. B.
WEDGE, T.
WELCH, Very Rev. Canon T. A.

MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical Officer:

PHILIP C. MOORE, B.Sc., M.B., B.Ch., D.Obst., R.C.O.G., D.P.H.

Deputy Principal School Medical Officer:

ERIC J. H. FOSTER, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officers:

WILLIAM G. RHYS-JONES, M.A. (Oxon)., B.M., B.Ch., D.P.H.
*ARTHUR H. WILDE, M.B., Ch.B., D.P.H.

School Medical Officers:

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H. (part-time)
AGNES D. BARKER, M.B., Ch.B., (part-time)
MICHAEL C. BATCHELDOR, M.B., B.S., L.M.S.S.A., D.P.H.
RONALD I. BENCE, M.B., Ch.B., (part-time)(Appointed 21st September, 1971)
SHIRLEY BREMNER, M.B., Ch.B. (part-time)
*ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
ELIZABETH J. CARTER, M.B., B.S., (part-time)
JOHN D. CONDON; L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.
SHEILA M. G. CROSLAND, M.B., B.S., D.P.H., (part-time)
ISABELLA L. H. HEWLETT, M.D., B.S., M.R.C.P., M.R.C.S. (part-time)
*JOHN C. HINCHLIFFE, M.B., Ch.B., D.P.H.
MARY P. K. HINCHLIFFE, M.B., Ch.B., D.P.H. (part-time)
IONA LLYWARCH, M.R.C.S., L.R.C.P. (part-time)
*ALISTAIR C. MACKENZIE, M.D., Ch.B., D.P.H.
MURIEL NANKIVELL, M.B., Ch.B. (part-time)
*ALICE N. O'BRIEN, M.B., Ch.B., D.P.H.
ANNE E. PARK, M.B., Ch.B., D.Obst., R.C.O.G. (part-time)
ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S. (part-time)
ANNE R. PRESTON, M.B., Ch.B. (Appointed whole time 1st November 1971)
AUDREY ROSS, M.B., Ch.B. (part-time)
MARGARET N. SAMSON, M.A., B.M., Ch.B. (part-time)(Appointed 21st January 1971)
JOAN P. H. THOMPSON, M.R.C.S., L.R.C.P. (part-time)
*MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.
ELIZABETH A. WELTON, M.B., Ch.B. (part-time)

Principal Dental Officer:

CHARLES D. CLARKE, L.D.S.

Area Dental Officers:

DAVID A. PRICE, B.D.S., D.D.H., D.D.P.H., R.C.S. (Eng.), (Promoted 1st December 1971)
DENNIS H. SMALL, B.D.S., D.P.D.

Senior Dental Officers:

CHRISTOPHER J. CLARE, L.D.S., R.C.S. (Eng.), B.D.S. (Promoted 1st October 1971)
GEOFFREY G. FIELD, B.D.S. (Resigned 18th June 1971)
NOEL GLEAVE, L.D.S., D.D.H., D.D.P.H., R.C.S. (Eng.)
ROBERT C. GROCOTT, B.D.S. (Promoted 1st April 1971)
JANCIS M. SCARBOROUGH, B.D.S.
GEORGE B. WESTWATER, L.D.S.
ALAN YARDLEY, B.D.S. (Promoted 1st December 1971)

Dental Officers:

Whole-time:
GILLIAN LAWLEY, B.D.S. (part-time)(Resigned 23rd August 1971)
FELIX ROTH, L.D.S., R.C.S. (Eng.)(Appointed 27th September 1971)
LESLEY S. SELLAR (Née Cherry), B.D.S. (Resigned 18th June 1971)

** Also District Medical Officer of Health*

Dental Officers:

Part-time:
ALISON G. HOBBES, B.D.S. (Appointed 3rd May 1971)
REGINALD H. N. OSMOND, L.D.S.
JEAN W. PATTISON, L.D.S.

Consultant Orthodontists (part-time):

BRIAN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

Anaesthetists (part-time):

IRENE L. CLARKE, M.B., Ch.B., D.Obst.R.C.O. G. (Resigned 18th June 1971)
MICHAEL ELDER, M.B., Ch.B.
JOHN P. GILES, M.R.C.S., L.R.C.P., D.A., D.Obst.R.C.O.G.
GORDON T. HAYSEY, M.B., Ch.B. (Appointed 5th July 1971)
BRIAN V. LLYWARCH, M.B., Ch.B. (Appointed 24th September 1971)
JAMES J. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S.
FREDA WHITNEY, M.B., Ch.B.

Dental Technicians:

MARK J. DAVIES
NORMAN J. RUSHWORTH
PETER N. NEWTON (Appointed 25th October, 1971)

Apprentice Dental Technician:

CAROL DAVIES

Dental Auxiliaries:

JUDITH C. BISHOP (part-time)
AUDREY E. BUCKLEY

Dental Auxiliaries:

SALLY HARRILL (Appointed 6th September 1971)
SUSAN M. HUMPHREYS (Appointed 8th November 1971)
ELIZABETH A. OWEN (Appointed 1st April, 1971)
GILLIAN B. WOOLDRIDGE (part-time)

Dental Hygienists:

DOROTHY M. HATFIELD (part-time)(Appointed 13th October 1971)
HENRY MACEFIELD (Resigned 5th September 1971)
ELAINE F. WILLIAMS (Née Coppen)(Part-time)

Consultant Children's Psychiatrist (part-time):

DAVID R. BENADY, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.M.

Educational Psychologists:

JOHN L. GREEN, B.A. (Resigned 31st August 1971)
DAVID B. JAMES B.A., P.G.C.E., Dip.Ed., Psych. (Appointed 1st July 1971)
DAVID R. JONES, B.Sc. (Hons.), Teacher's Diploma
JEAN E. ROSCOE, B.A. (Hons.) P.G.C.E. (Appointed 1st September 1971)
MARGARET THOMAS, B.A. (part-time)(Resigned 30th April 1971)
MAURICE B. WALTERS, B.Sc., Dip.Ed. Psych.

Psychiatric Social Worker:

BRIDGET C. DOWNER, Diploma in Social Studies (London), Certificate in Psychiatric Social Work (Edinburgh)

Child Guidance Social Workers:

SONIA G. BLISS, S.R.N., S.C.M., H.V. Certificate, Certificate in Social Work
BETTY BOYCOTT, Social Science Diploma (London)(part-time)
CARA RHYS-JONES, LL.B., Barrister-at-Law (part-time)(Resigned 30th September 1971)
FRANK R. WILLS, B.A. (Econ)(part-time)(Appointed 2nd November 1971)

Audiologist/Senior Speech Therapist:

EDWARD PAULETT, L.C.S.T., Dip. Aud.

Audiometrician/Vision Testers:

ROSAMUND K. FLOOK
ELIZABETH C. HEALEY
JOAN ROBINSON

Speech Therapists:

JANICE M. M. BLOWER, L.C.S.T. (Part-time)(Appointed 2nd June, 1971)
PAULA BOOTH, L.C.S.T. (Resigned 30th September, 1971)
ELIZABETH M. INGLIS, L.C.S.T. (Resigned 23rd July, 1971)
PENELOPE J. C. MOORLEY, L.C.S.T.
MARJORY M. SHELDON, L.C.S.T. (part-time)

Senior Physiotherapists:

JEAN M. BANKS (Appointed 18th October 1971)
DENISE B. WOODS

Physiotherapists:

CLARICE D. E. DUFFY (part-time)
JENNIFER A. LOVELL (part-time)
SUSANNE L. ROWE (Née Murray)(Appointed 22nd November, 1971)

Physiotherapist's Helpers:

PATRICIA M. BURGAN (part-time)(Appointed 25th October, 1971)
ELIZABETH A. TAYLOR, S.R.N. (part-time)

Consultant Otologists (part-time):

EDWIN N. OWEN, M.B., Ch.B., F.R.C.S., M.R.C.S., L.R.C.P., D.L.O.
NORMAN VINCENTI, Wing Commander R.A.F., M.D., D.L.O.

Consultant Chest Physicians (part-time):

ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.
PHILIP E. PERCEVAL, M.D., M.A., B.Ch., M.R.C.S., L.R.C.P.

Health Education Officer:

HARRY HARRIS

Health Education Lecturers:

DAPHNE GILLETT (Resigned 31st July 1971)
JEAN M. OWEN (part-time)
PATRICIA C. COWLING, S.R.N., S.C.M., Dip. Nursing (London) (Appointed 1st September 1971)

Report for the year 1971

GENERAL

The area covered by the Local Education Authority comprises 862,482 acres; and in June, 1971 the home population, as estimated by the Registrar General, was 341,960, an increase of 6,440 compared with 1970.

The number of pupils on the school register in October, 1971 was 59,652 compared with 55,722 in October, 1970.

At the end of the year, there were in the County of Salop, including the Borough of Shrewsbury, the following schools:

Non-Residential:	*Schools*	*Departments*	*Pupils on Register*
Special Schools	3	3	111
Nursery	3	3	118
Primary (County)	90	90	20,481
Primary (Voluntary)	139	139	15,964
Secondary Modern (County)	24	24	11,426
Secondary Modern (Voluntary)	2	2	873
Secondary Grammar (County)	8	8	4,081
Secondary Grammar (Voluntary)	5	5	1,943
Comprehensive (County)	6	6	4,193
Residential:			
Secondary	1	1	134
Special	4	4	278
Hospital	1	1	50
TOTAL	286	286	59,652

The table below shows the establishment of principal posts in the School Health Service and the staffing position at 31st December, 1971:

	Establishment	*Staff at 31st Dec., 1971*
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
Senior Medical Officers	2	2
School Medical Officers—whole-time	13	3
—part-time		20
Principal School Dental Officer	1	1
Area Dental Officer	2	2
Senior Dental Officers	7	5
Dental Officers—whole-time	6	2
—part-time		3
Dental Auxiliaries—whole-time	6	4
—part-time		2
Orthodontists—whole-time	1	–
—part-time		1
Dental Hygienist—whole-time	2	–
—part-time		2
Dental Technicians	3	3
Apprentice Dental Technician	1	1
Senior Dental Surgery Assistant	1	1
Dental Surgery Assistants—whole-time	21	13
—part-time		4
Receptionist	1	1
Audiologist/Senior Speech Therapist	1	1
Senior Speech Therapists	3	–
Speech Therapists—whole-time	2	1
—part-time		2
Senior Physiotherapists	2	2
Physiotherapists—whole-time	2	1
—part-time		2
Phyiotherapist's Helper/School Nurse—whole time	1	–
—part-time		2
Audiometrician/Vision Testers	3	3

Inclusive of the Principal School Medical Officer and his Deputy, the total medical staff undertaking all School Health Service duties, including administrative work, on 31st December 1971, was equivalent to approximately 6.9 whole-time officers.

The Nursing staff employed in the School Health Service at the end of 1971 was 3 whole-time and 10 part-time School Nurses, while part-time service was also rendered by 25 whole-time Health Visitors and 3 District Nurse/Midwives who were employed by the Local Health Authority.

MEDICAL INSPECTION AND TREATMENT

Section 48 of the Education Act, 1944 requires the Local Education Authority to provide for the medical inspection; at appropriate intervals of all pupils attending maintained schools, including County colleges. This Section also requires parents to submit their children for such inspection when so requested by an authorised officer of the Authority.

Under the National Health Service Act, 1946, children can receive treatment for Medical Practitioners who have contracted with the Local Executive Council to provide general medical services; and children found on examination by a School Medical Officer to be suffering from any defect are, except for certain agreed conditions, namely, orthopaedic, eye, ear, nose and throat conditions, referred to their own doctors. Such pupils are followed up by the School Nurses and any necessary specialist advice or treatment is arranged either through the family doctor or directly with one or other of the hospitals in the area of the Birmingham Regional Hospital Board as listed on page 20. In certain cases, pupils are referred to hospitals in the areas of other Regional Hospital Boards.

In this County the following inspections are carried out;

(i) *Routine Inspection*

Routine medical examinations are carried out of pupils in one age group only, namely Entrants—on admission to school, usually 5 years. There is no need to stress the importance and significance of this basic routine examination at school entrance age. This is the base line upon which all future assessments will rest. There were approximately 59,000 pupils on the school register in 1971 and of this total 6,968 were examined for routine medical inspection purposes. Vaccinations, immunisations, Health Education talks, audiology, special case work and cytology continue to make increasing demands on the Medical Officers, whose time for purely routine medical inspection purposes is proportionately reduced.

(ii) *Selective Medical Inspection*

Selective medical inspections are carried out at all secondary schools in the County. The parent of each pupil due for examination in the 11 and 14 year age groups is asked to complete a questionnaire giving information relating to the child's general health, medical history, progress, etc. and only those children selected on the basis of information provided in the completed questionnaires are given routine medical examinations. Some 4,128 pupils—2,321 in the 11 year age group and 1,807 in the 14 year age group—were considered and found not to warrant routine medical examination. This scheme ensures that physically fit children are excluded from routine examination and that more attention is given to individual pupils with specific problems.

(iii) *Special Inspections and Re-Examinations*

In addition to the inspection of pupils mentioned in Sections (i) and (ii) above, special examinations are made of pupils referred on account of defects by Heads or School Nurses, including children who are in need of special educational treatment. Annual re-examinations are also made of children found to have a defect requiring observation. The numbers of pupils examined as Specials and Re-examinations in 1971 were 1,710 and 6,968 respectively making a total of 8,678.

The number of defects discovered followed the usual trend with visual defects again very prominent. In general the medical inspection results were satisfactory and the nutrition figure which attained 100% in 1961 has since remained at that high level although in 1971, out of 6,968 pupils inspected at routine examinations, the physical condition of 3 was found to be unsatisfactory. General improvement in the standard of living has helped to reduce physical ailments to a minimum. Cases of obesity are occasionally seen and School Medical Officers at medical inspections advise children and parents about diet.

One of the chief aims of the School Medical Service is the promotion of preventive medicine and in this connection a very close relationship between the Head of the school and the School Medical Officer is necessary. The latter gives advice and guidance in regard to pupils with special problems irrespective of whether or not they fall into a particular age category. Medical Officers are allocated special sessions each month to visit schools in their areas for this specific purpose. The Heads of schools are, therefore, able to conduct informal discussions with the School Medical Officer in order to resolve difficulties which are encountered by children in schools. This advisory and counselling service is of great practical value.

Treatment of Eye Conditions:

Pre-School Squint Screening:—Since January, 1970, all children at the age of 9 months have been given a combined hearing/squint screening test. The children concerned are invited by appointment to attend suitably situated clinics at specified times, the mothers being offered a second appointment if they are unable to keep the first. The screening tests are carried out by specially trained Health Visitors and consist of (a) the commonly accepted "free field" or "distraction" technique for hearing and (b) a routine squint screening test.

An account of the hearing tests and results is dealt with on page 38 of this report under Audiology.

During the testing session each child is observed for the presence of squint. Any children failing the test are given an appointment to attend a local County Council clinic for retest by a clinic medical officer who refers obvious squints for a consultant opinion as soon as possible. During the year, 51 children were found to be under treatment at hospitals. In addition 121 children were referred for treatment for this condition (103 to the hospital and 18 to family doctors) and 57 are still under observation by Clinic Medical Officers. A further 9 were at the end of the year awaiting appointments to be seen by medical officers at Child Health Clinics for further examination with a view to possible referral to the Eye, Ear and Throat Hospital for treatment; 26 children failed to keep appointments made for them to be seen by the clinic medical officer whilst 7 further cases for a variety of reasons are being "followed up" by Health Visitors. In 90 cases, retests carried out by clinic medical officers confirmed that squint did not exist.

Of the 103 children referred to the Ophthalmic consultants at hospitals it was found that;

11 were suffering from squint
72 squints not diagnosed but being kept under review
5 squints not diagnosed and discharged from hospital
8 awaiting hospital appointment
1 left county
6 no information available at present.

The early referral of obvious or suspected cases of squint is of great importance and in the course of the hearing test, the health visitor occupied in "distracting" the child with a toy or similar object is ideally situated to observe any squint which may be present.

School Child Vision Testing.—Vision is tested at 5, 7, 11 and 14 years, but all pupils suffering from defective vision are seen by the School Medical Officer at annual re-examinations as mentioned in Section (iii) above. Special attention is paid to children suspected to be suffering from squint and ophthalmic consultants continue to stress that referral at an early age is essential to guarantee satisfactory results after treatment. Colour vision is tested at the age of 11 years.

Vision testing (near, distance, colour vision and muscle balance) by means of a Keystone self-contained portable vision screener was continued during the year. The vision screener is a great advantage particularly in many of the older primary schools where lack of adequate accommodation makes it difficult to carry out vision testing by traditional methods.

Combined vision and hearing tests are carried out immediately prior to routine medical inspections and recent testing results in both categories are therefore available to the examining medical officer. During the year, the three audiometrician/vision testers visited 117 schools and in the course of 877 half-day sessions work, completed 16,334 vision tests. Children considered to require ophthalmic treatment are referred by the School Medical Officer either to an ophthalmic optician or where necessary to an ophthalmic consultant. School nurses carry out regular follow-up visits to schools and homes to ensure that treatment is in fact obtained for such school children and that spectacles are being worn in cases where they have been prescribed.

The folowing table gives the results of the 16,334 vision tests which were carried out during 1971.

Age Group	No. Tested	Already receiving treatment					Referred for treatment to						Observation			Referred to G.P.
		Optician	Hospital				Optician			Hospital						
			Vision	Ortho-ptics	Squint	Other	Vision	Squint	Other	Vision	Squint	Other	Vision	Squint	Other	
5-11 years	9,296	544	337	69	65	7	273	13	—	49	44	1	742	39	—	31
11-14 years	7,038	1,106	225	12	10	5	245	2	2	9	4	—	332	19	—	8
TOTAL	16,334	1,650	562	81	75	12	518	15	2	58	48	1	1,074	58	—	39

During the year 6,068 children were dealt with for defective vision or other eye conditions, 5,735 being referred to ophthalmic medical practitioners or ophthalmic opticians and 333 being treated by ophthalmic consultants at the Shrewsbury Eye, Ear and Throat Hospital and Bridgnorth and South Shropshire Infirmary.

In 1971 applications for the repair/replacement of spectacles free of cost under the provisions of the National Health Service (General Ophthalmic Services Regulations) were received in respect of 387 cases. (358 for repair of spectacles and 29 for replacements).

Consultative Medical Service.—A consultative medical service is made available to the Colleges of Further Education in the County. Under this scheme the Principals of the four colleges concerned arrange for the distribution of leaflets prepared in the County Health Department, to all full and part-time students in order to give them an opportunity of discussing in confidence with a medical officer any problems they might have including those connected with alcohol, tobacco, drugs, relations with the opposite sex, personal relationships of all kinds etc.

Co-operation and Co-ordination.—Good co-operation exists between School Medical Officers, School Nurses and Family Doctors and this results in a better service for the children. Head teachers are very co-operative in all aspects of school health service work and they are particularly helpful at annual routine school medical inspections which sometimes cause inconvenience to the normal teaching programme.

There is close liaison with N.S.P.C.C. Inspectors, Social Workers and Education Welfare Officers in helping children from unsatisfactory homes and securing attendance of pupils for special examinations.

Defects of Ear, Nose and Throat.—With the exception of visual defects, Medical Officers referred for treatment more children suffering from ear, nose and throat defects than for any other single cause. Of the 8,678 pupils medically examined, 25 were referred to the ear, nose and throat specialists during 1971 and another 526 were noted for observation on account of tonsil and adenoid conditions.

Operations for the removal of tonsils and adenoids were performed on 418 Shropshire school children in hospitals of 15 and 16 H.M.C. groups.

Orthopaedic Defects.—There are seven orthopaedic and after care clinics in Shropshire attended by an Orthopaedic Specialist and an Orthopaedic Nurse.

During 1971 of 8,678 pupils medically examined by the School Medical Officers, the following were noted as suffering from varying degrees of orthopaedic defects and referred to the Orthopaedic Surgeon, where treatment was considered necessary:

	Treatment	Observation
Posture	3	69
Feet	16	198
Other Conditions	4	137

Defects of posture or feet account for an appreciable number of orthopaedic defects. Postural defects usually respond to corrective exercises at school and advice is given by School Medical Officers on choice of suitable footwear.

Care of Feet..—Owing to the pressure of other work, the County Chiropodists discontinued their limited amount of routine foot inspection work in maintained schools, although School Medical Officers and nurses did visit upon special request by Heads of schools for the purpose of giving any necessary advice and guidance.

Children found on inspection to have a verruca are excluded from swimming, showers and participation in barefoot physical education until the condition has been treated and cured.

Particular attention is paid to the most likely spots for the spread of infection, such as gymnasium floors, swimming baths etc. and these are disinfected.

Diseases of the Skin.—Of the 8,678 pupils medically examined by the School Medical Officers, 38 required treatment for skin conditions and 193 were noted for observation. The numbers of Shropshire school children known to have been treated during 1971 for diseases of the skin (other than of the feet) are indicated below:

Ringworm—Scalp	9
Ringworm—Body	7
Scabies	35
Impetigo	27
Other skin diseases	34
Total	112

Minor Ailments Clinics.—Most of the conditions which could be seen at minor ailment clinics are dealt with by the family doctor. Some minor ailment clinic facilities are, in fact, still offered at Child Health Clinics.

At the School Nurses' session and the School Doctor sessions at Bridgnorth, Oswestry and Wellington Child Health Centres, 30 children made 79 attendances in 1971. Examinations by the School Doctor totalled 73 and 16 of the children were referred to their own doctor.

Convalescence.—Convalescent holidays were provided in 14 cases on the recommendation of the School Medical Officers.

Cleanliness Inspections.—School Nurses carry out routine inspections for verminous infestation for pupils in all Primary schools, follow-up inspections being made of pupils found to have nits or lice. Such inspections in Secondary Modern and Grammar Schools are now arranged only at the request of the Head.

During 1971 a total of 96,868 head inspections were carried out by the School Nurses and of the 37,343 pupils on the register of the schools inspected, 837 (42% boys and 58% girls) were found to be verminous, some on more than one occasion. This represented a figure of 2.2% of the school population who were found to be verminous during the year.

It was found necessary during the year to issue 11 Formal Cleansing Notices but no Cleansing Orders were issued. No legal proceedings were instituted during the year.

Infestation is mainly confined to children whose home conditions are unsatisfactory.

Work of School Nurses.—School nursing is undertaken by 13 School Nurses (3 whole time and 10 part time), 25 Health Visitors and 3 District Nurses (who are estimated to devote about 7% of their time to this work.) In addition to visits to schools for head inspections, the School Nurses attend routine medical inspections. Children ascertained by the School Medical Officer to be suffering from defects of any kind are either referred to the Family Doctor for treatment or noted for observation, and the subsequent follow-up work of the School Nurses is indicated in the following table:

Staff	Staff		Medical Inspection days	Treatment Cases				Observation Cases			Totals	
	Number	Whole-time equivalent		Visited	Not Visited	Total	Treated	Visited	Not Visited	Total	Cases	Visits
School Nurses ..	3	3.00	512	1,278	200	1,478	1,478	113	47	160	1,638	2,338
Part-time School Nurses ..	10	3.62		2,669	372	3,041	3,041	1,666	288	1,954	4,995	2,006
Health Visitors ..	25	4.0		1,077	614	1,691	1,691	1,064	430	1,494	3,185	1,311
District Nurses ..	3	0.21		39	33	72	72	21	14	35	107	56
TOTAL ..	41	10.83	512	5,063	1,219	6,282	6,282	2,864	779	3,643	9,925	5,711

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital have a permanent arrangement with the Educatiqn Committee for the provision of special educational facilities. At Copthorne Hospital, Shrewsbury, patients recommended for special tuition attend a class held regularly at the hospital by a tutor provided by the Education Committee.

In other hospitals in the County, when a child is admitted whose stay is likely to be prolonged, special arrangements are made for individual tuition if the medical condition permits.

Employment of Children.—In accordance with the provisions of Section 59 of the Education Act, 1944, all pupils reported by the Chief Education Officer as being engaged in work outside school hours are examined by a School Medical Officer to ensure that they are not being employed in a manner likely to be prejudicial to health or to render them unfit to obtain the full benefit of education.

After this initial examination, each child is seen annually at routine medical inspection, or at an earlier date if the School Medical Officer recommends such an arrangement.

Only children of 13 years or more are allowed to take up employment, which is restricted by statute and may not exceed two hours on school days. Work before 7 a.m. is prohibited. Employment in a number of occupations connected with hotels, public entertainments, licensed premises, racing tracks, etc., is prohibited and no child may be employed to lift, carry or move anything so heavy as to be likely to cause him injury.

Of 344 pupils examined during 1971, it was necessary to recommend re-examination in one case.

Medical Inspection of Pupils resident in Boarding Schools and Special Boarding Schools.—Special arrangements are made for the medical examination of children in boarding schools or resident in special boarding schools within the County, as under

Bridgnorth	Apley Park
Ellesmere	Petton Hall
Shifnal	Haughton Hall
Wem	Trench Hall

Anything relevant to the well-bring of the children ascertained at the medical examination is passed on to the Head of the school. Every pupils in these residential establishments is on the list of a local Medical Practitioner providing General Medical Services under the National Health Service Act.

Petton Hall Residential Special School for Educationally Sub-normal Boys:

Dr. M. C. Batcheldor, Medical Officer for the School, writes as follows:—

"I continued to act as Principal Medical Officer for Petton Hall during the year 1971.

I conducted the usual formal medical examinations three times during the year, and these occasions, as always, provided ideal opportunities to investigate, and discuss with the staff, the very wide variety of medical and social problems associated with each boy. The purely medical problems are well looked after by the local General Practitioners, although the day to day health of the boys normally gives rise to very little concern. We get the most willing co-operation of all the staff of the hospitals to which many of the boys are referred for specialist opinion and treatment. This is particularly true of both the Eye and Ear Departments of the Eye, Ear and Throat Hospital at Shrewsbury, and there is never any difficulty in obtaining their most friendly assistance.

The Headmaster, Mr . F. Schofield, the Matron and all the staff always extend to me a most cordial welcome, and co-operate fully despite the inevitable upheaval created by the periods of medical examinations. The boys now know me quite well and give me a cheerful and friendly reception.

During September the school started a five day week. Prior to this a considerable number of the boys stayed for the weekend. Now every boy goes to a home or to his own home. This is a mixed blessing! In many cases it keeps the boy in touch with his family his home surroundings and his family and friends, which does nothing but good. In some cases there is little doubt that the environment at home can do a great amount of harm and it destroys a great deal of the teaching and training that the staff at Petton Hall has worked so hard to achieve. There seems little that can be done about this and the boy will almost certainly have to return to that environment at the end of his school life in any case and it is probably better the boy should be familiar with what he will have to live with rather than be protected from it until the school leaving age.

I find my duties at Petton Hall most rewarding and I look forward to my visits there with a great deal of pleasure."

Haughton Hall Residential School for Educationally Sub-normal Girls

Dr. A. N. O'Brien, Medical Officer for the school, writes as follows:—

"Seventy girls aged between 10 and 17 years attend this Special School. All are educationally sub-normal with abilities which range from the extremely limited border-line severely sub-normal to those at the upper end of the E.S.N. range. In addition to bring educationally sub-normal, many of the girls need special help because of social or emotional problems. Highly specialised educational skills are called for in teaching these handicapped pupils as well as an understanding of those special difficulties experienced by girls who are, in addition, suffering from a physical handicap.

During 1971 no fewer than 45 girls suffered from a medical condition needing special treatment. Some of these conditions are serious enough to interfere with normal development and to increase the difficulties in learning new skills.

Each girl is medically examined on admission to the school and again at the beginning of each school year in September. All the girls are seen during the early part of the Spring and Summer Terms for re-examination of defects found earlier and for follow-up. Other opportunities exist for special examinations to be made at the

request of the Headmistress, Mrs. Beswick. Sessions are arranged for tests of hearing to be made by the Audiologist; immunisations are given with the consent of the parents. Full use is made of Child Guidance, Speech Therapy and Dental Services.

Everyone working in the field of special education is aware of the importance of good liaison between those concerned with the education, health, welfare and subsequent employment of each pupil. At Haughton Hall the fullest discussion is possible whenever individual problems arise. Twice a year School Leavers Conferences are held, to which the girls' parents are invited and at which all the factors likely to affect the girls' future employment are explored.

In 1971 the pupils spent 5 days in school each week, returning to their homes at the weekend. The advantages of this system for the child and for her family are great indeed but even closer co-operation is needed with the parents as new medical problems appear as a result of weekend home visiting e.g. the introduction of infectious or contagious disease such as the appearance during the year of scabies.

As in previous years a great deal of help has been given by Hospital Consultants to whom children are referred by the General Practitioner concerned or by the School Medical Officer. Again we have had the help of the R.A.F. Hospital at Cosford. During 1971, 6 pupils attended for treatment of ear, nose or throat conditions including surgery to improve impaired hearing. Among the defects found at School Medical Inspections are the following:—

Defect	Number of Pupils
Vision	14
Dental	3
Speech	6
Hearing	8
Emotional/Behaviour Problems	8
Spastic	3
Epileptic	2
Diabetic	2
Asthma	1
Obesity	3
Orthopaedic	3
Congenital Developmental Defect (of Central Nervous System)	2

Born	Pupils	E.S.N. Only	Other Handicaps	Percentage
1955	5	1	4	80%
1956	16	8	8	50%
1957	10	4	6	60%
1958	14	6	8	57%
1959	9	3	6	66%
1960	10	3	7	70%
1961	3	—	3	100%
1962	3	—	3	100%

Trench Hall Residential Special School for Maladjusted Children:

Dr. A. D. Barker, Medical Officer for this school, writes as follows:–

"I visit Trench Hall School at the beginning of each school year in order to medically examine all the children attending. Thereafter I visit once a month to see any new pupils and to re-examine other children brought forward by Miss Martin, Headmistress, or myself.

The general physical health of the children is good. I find this school medical very rewarding. The problems are so many and varied. Once again, the staff were offered and accepted influenza immunisation–no outbreak occurred. It would be interesting to know if this was the result of the immunisation programme or just chance.

Miss Martin and I frequently discuss the children and their various problems.

I am always made to feel welcome and look foward to continuing as School Medical Officer."

Katharine Elliot School:

This school copes with a wide variety of handicaps and offers education, assessment and social training to children of ages ranging from 2–9 years.

The following account of this project has been contributed by Mr. N. O. Davies, the School's Principal:–

" 23 children from the Katharine Elliot school were transferred to the Thomas Parker School, the new day special school, when it opened in Telford in November. We were sorry to see the children go but it does mean that for the first time for a number of years we are now able to admit children under the age of 4 years.

There are, at present, 40 children on roll and of this number 11 are cerebral palsied and 13 suffer from spina bifida. In order to meet some of the specific needs of spina bifida children, increased toilet, changing and laundry facilities have been added during the year.

We continue to transfer some children to normal schools but in view of the fact that many more of our children are now multi-handicapped, indications are that the number who will require some form of residential schooling in the future, is increasing.

Since the Katharine Elliot school opened in September 1964, some 92 children have been discharged and their destination is as follows:–

Normal School	27
Day Special School	26 *
Residential Special School	31
Others	8
Total	92

** (this number includes 4 children who have gone to E.S.N. classes attached to normal schools).*

A few of the children at present attending the Katharine Elliot School are so physically and mentally handicapped that their needs could probably be adequately met in some form of special care unit. I am delighted that such a provision is planned for the not too distant future".

Dr. A. D. Barker gives the following interesting report:

"At Katharine Elliot School we have children belonging to eight of the ten categories of handicapped children according to the Education Act of 1944 as follows: blind, partially sighted, educationally subnormal, epileptic, delicate, maladjusted, physically handicapped, and speech defective.

"The children suffering from spina bifida still outnumber all the others. The general health of most of the children is not good. They have frequent illnesses and absences from school. The spina bifida children still cause their parents and all who care for them considerable anxiety because of the various illnesses which they suffer from as a result of their original defect.

Last year I reported on two such children; one who died following burns and another boy who became seriously ill as a result of blocking up his Spitz-Holter valve. I am happy to report that there is evidence of continuing recovery from his severe illness. He is, of course, now much more mentally handicapped than he was prior to the incident.

This year we had a little girl very seriously ill as a result of kidney complications. Fortunately she made a very good recovery, but the future outlook is not very good. With the opening of the Thomas Parker School she has been transferred, but I understand she has been ill again recently.

These children spend a great deal of their young lives in hospital, and one never knows when some serious complication is going to arise. This, naturally, is a very anxiety-producing situation. On the other hand, the parents become very used to their children going in and out of hospital, and one mother sent a note last year stating that her daughter was going into Alder Hey Hospital at Liverpool on a Thursday to have a valve system change and would be back in school by the end of the following week. This shows the confidence these parents have in the Consultants who look after their children.

The two autistic children at present attending, are making very good progress, and I am sure Mr. Davies and his staff must find this very rewarding.

There is never a dull moment at Katharine Elliot School. All the children enjoy coming to their very special day school—this certainly helps their parents, who are very appreciative of all the help their children receive from the Headmaster and staff."

Thomas Parker School:

Like the Katharine Elliot School, this school copies with a wide variety of handicaps and offers education, assessment and social training to children of ages ranging from 2—9 years.

The following account of this project has been contributed by Miss B. J. Pope, the school's Principal:

"The Thomas Parker School opened on the 8th November 1971 at Brookside, the third new housing area of Telford. Like the Katharine Elliot School in Shrewsbury, the school was built to cater for children with a wide variety of handicaps. The building was designed in the light of experience gained at Katharine Elliot School and is proving to be a very convenient and pleasant place for children and staff. The central hall can be "curtained off" for television programmes or physical education, or at other times can be used as an extension of the classroom and corridor work area. The Physiotherapy Department also has access to the hall, but when the hall is in use, can be reached by a separate corridor.

"The rooms for use by the School Medical Officer, Speech Therapist and Educational Psychologist are also "off" this corridor, giving privacy and quietness for interviews and the treatment of individual children.

There are now 43 children on roll, 31 of whom attend full-time. Of these children, 23 were previously attending Katharine Elliot School. Our thanks were due to Mr. Davies and his staff for their kindness in giving members of staff, teachers, nursery nurses and physiotherapists the opportunity to get to know these children before their transfer to the new school. This important contact was of great help in settling the children quickly and happily in their new surroundings. Of the other 20 children who have been admitted since the opening, 4 were previously attending normal schools but were in need of special education. The remaining 16 children, between 3½ and 5 years of age, had not previously attended school.

Children come to us from the whole of Telford and East Shropshire, being brought to school by taxi services. The distribution at present is as follows:

Albrighton/Shifnal Area	7	Madeley	4
Bridgnorth	6	Newport/Donnington	4
Dawley	4	Oakengates	5
Ketley	4	Wellington	9

A school such as this is only able to offer specialised help for these children and their parents because so many people from different disciplines contribute their knowledge and expertise. Doctor Nankivell carries out medical examinations each week.

Mrs. J. Banks and Miss S. Murray are our full-time Physiotherapists. Miss M. E. M. Evans, Social Worker, maintains the essential contact with the families. Mrs. Moorley, Speech Therapist, visits for one session each week. Mr. D. Jones and Mr. D. James, Educational Psychologists visit on alternate weeks. Mr. Paulett visits regularly to carry out audiology tests.

It is obviously essential in a school such as this that there is close co-operation between all the people concerned. We have had many discussions on the daily routine and running of the school. In addition, regular case conferences are held to discuss in detail the education which will best meet immediate and future needs of individual children."

Dr. M. Nankivell the visiting Medical Officer gives the following interesting report:—

"During the past months since my appointment as medical officer to the Thomas Parker School, I visited the Katharine Elliot School several times and managed to see in their homes all the children who were transferring to the new school. I have now taken over the duties of home visiting of all young handicapped children in the eastern half of the County.

Since the Thomas Parker School opened in November, I have visited the school weekly for routine medical inspection purposes and discussions with parents and staff. There are, at present, no vacancies at the school, but the position will improve when the Telford E.S.N. School and Special Care Unit have been built as this will release several children who would be more satisfactorily accommodated in these Units. At present, we have 43 children attending the Thomas Parker School, 13 whose major handicap is Spina Bifida and 16 Cerebral Palsy. The remaining children have a variety of handicaps—deafness, visual defect, cleft palate, congential heart disease, Christmas disease, epilepsy, arthrogryphosis, various congenital defects and mental retardation. The majority of children in attendance have multiple handicaps—the parents of these children often experience difficulty in accepting the fact that their children are not normal and the problems arising in the school necessitate my giving a considerable amount of support, advice and guidance."

Robert Clive School for Mentally Handicapped Children:

Dr. A. D. Barker, the Medical Officer for this school, writes as follows:—

"I have been visiting this school twice per month for some years now, as School Medical Officer, trying to catch up with medical examinations.

This year, however, I have been able to take time to do a full medical inspection of all the children at the beginning of the school year. Most of the parents attended and welcomed the opportunity of discussing their particular problems.

The general physical health of the children is satisfactory, although there always seems to be a fair number of children suffering from catarrhal colds. All the children had hearing and vision tests prior to the medical, and although reliable results were obtained for the majority, there is still a hard core of children who will require several attempts at testing before a reliable result can be obtained.

We have several children in the school now, suffering from epilepsy. The Headmistress is very well able to cope with these emergencies when they arise. Many of the children have behaviour problems, and Dr. Simon, Consultant Psychiatrist, helps with medication for these children, and for the epileptics this is very much appreciated.

As a follow-up to the routine inspection, I visit two mornings a month to deal with immediate problems arising and to follow up defects found at the routine medical. I look forward to getting to know the children, their parents and their problems better in the coming year.

I am always made to feel welcome when I visit."

Charles Darwin Special School for Mentally Handicapped Children:

Dr. J. D. Condon, Medical Officer for the school writes as follows:

"The Charles Darwin School for Mentally Handicapped Children was opened in 1965 and admits children from Wellington, Newport, Shifnal and Oakengates areas.

Originally built to accommodate 40 children, the total attendance now is 47 of whom 16 are "Down's" syndrome and the remainder are severely educationally subnormal. Of the latter, one is epileptic and another partially spastic. The children are admitted at the age of 5 and leave at the age of 16 for the Adult Training Centre.

At the Charles Darwin School, they are taught simple reading, writing and arithmetic. Emphasis is placed on social training, hygiene and physical training. They have swimming and riding lessons. Music is taught through percussion instruments as they seem to adapt to these better than to wind instruments.

The children are medically examined annually and are immunised routinely. They are all day pupils and are transported to and from school by two school buses, taxi and the W.R.V.S.

Meals are sent in by container from Wellington Park Junior School kitchens and are of a high standard.

The staff under Miss M. Tyler, consists of three full-time and two part-time teachers.

Two of the children suffered attacks of infective hepatitis early this year but otherwise the children are healthy and very happy."

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The following is a list of clinic sessions made available by the Local Education Authority at which school children may attend. School doctors' sessions operate concurrently with general Child Health Clinics. In addition to the clinics listed, there are two Mobile Dental Units and one Mobile Medical Unit. The times at which clinics are held are liable to be modified, but up-to-date information on clinic sessions may be obtained from the Health Department, Shirehall, Shrewsbury, or from the local School Medical Officer concerned.

Medical Officer and District	Centre	Frequency of Sessions	
DR. BARKER Wem	Wem	Audiology Dental	As required Three sessions weekly
DR. BATCHELDOR Whitchurch	Ellesmere Petton Hall Whitchurch	Audiology Dental Audiology Speech Therapy Audiology Dental	As required Four sessions weekly As required One session weekly As required Six sessions weekly
DR. BATCHELDOR Oswestry	Oswestry Shropshire Orthopaedic Hospital	Audiology Child Guidance Dental Ophthalmic Orthopaedic School Doctor Speech Therapy Speech Therapy	As required Three sessions monthly Ten sessions weekly One session weekly One session weekly One session weekly Two sessions weekly One session weekly
DR. CAPPER Ludlow	Church Stretton Cleobury Mortimer Ludlow	Audiology Audiology Audiology Child Guidance Dental Speech Therapy	As required As required As required Five sessions monthly Ten sessions weekly Six sessions monthly
DR. MORRIS Madeley	Broseley Madeley Much Wenlock (William Brookes School)	Audiology Audiology Dental Orthopaedic Speech Therapy Audiology	As required As required Six sessions weekly One session three monthly One session weekly As required
DR. CONDON Wellington	Wellington	Audiology Child Guidance Dental School Doctor Speech Therapy	As required Seven sessions weekly Thirty-seven sessions weekly One session weekly Four sessions weekly

Medical Officer and District	Centre	Frequency of Sessions	
DR. MACKENZIE Shrewsbury	Health Centre, Murivance	Speech Therapy	Four sessions weekly
	5a Belmont	Dental	Forty-five sessions weekly
	Katharine Elliot School (Woodcote Way)	Speech Therapy	One session weekly
	The Old Vicarage, Shirehall	Child Guidance	Twelve sessions weekly
	The Adult Training Centre, Shrewsbury	Hearing Assessment	Three sessions monthly
		Audiology	As required
	Albert Road	Audiology	As required
	Robert Clive School	Speech Therapy	One session weekly
DR. MORRIS Shifnal	Albrighton Group Practices Surgery	Audiology	As required
	Albrighton County and County Junior Schools	Speech Therapy	One session weekly
	R.A.F. Cosford Hospital	Hearing Assessment	One session monthly
	Shifnal	Audiology	As required
	Haughton Hall	Speech Therapy	One session weekly
		Audiology	As required
DR. O'BRIEN Newport	Newport	Audiology	As required
		Child Guidance	As required
		Dental	Three sessions weekly
DR. PENNEY Bishop's Castle	Bishop's Castle	Audiology	As required
		Child Guidance	One session weekly
DR. BREMNER Market Drayton	Market Drayton	Audiology	As required
		Child Guidance	Two sessions monthly
		Dental	Eighteen sessions weekly
		Speech Therapy	One session weekly
DR. PRESTON Oakengates	Donnington Infants' School	Speech Therapy	One session weekly
	Hadley	Audiology	As required
	Teagues Bridge Infant School	Speech Therapy	One session weekly
	Oakengates	Audiology	As required
DR. TURNBULL Bridgnorth	Bridgnorth (Northgate)	Audiology	As required
		Child Guidance	Four sessions monthly
		Dental	Eighteen sessions weekly
		Speech Therapy	One session weekly
	Highley	Audiology	As required
DR. MORRIS Dawley	Dawley	Audiology	As required
		Dental	Five sessions weekly
		Speech Therapy	One session weekly
		Child Guidance	Ten sessions monthly
	Sutton Hill	Audiology	As required
		Speech Therapy	One session weekly
	Woodside	Child Guidance	One session fortnightly
		Audiology	As required
	Thomas Parker School	Speech Therapy	One session weekly

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred, preferably in collaboration with their family doctor, to the following hospitals all of which with the exception of R.A.F. Hospital, Cosford come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen by a Chest Physician at one of the Chest Clinics.

General Medical and Surgical Conditions:
The Royal Salop Infirmary, Shrewsbury
Copthorne Hospital, Shrewsbury
The North Staffordshire Royal Infirmary, Stoke-on-Trent
The Kidderminster and District General Hospital, Kidderminster
The Wolverhampton Royal Hospital, Wolverhampton
The Staffordshire General Infirmary, Stafford

Eye Conditions:
The Eye, Ear and Throat Hospital, Shrewsbury
The North Staffordshire Royal Infirmary, Stoke-on-Trent
The Staffordshire General Infirmary, Stafford
The Kidderminster and District General Hospital, Kidderminster
The Wolverhampton and Midlands Counties Eye Infirmary, Wolverhampton

Ear, Nose and Throat Conditions:
The Bridgnorth and South Shropshire Infirmary, Bridgnorth
Copthorne Hospital, Shrewsbury
The Eye, Ear and Throat Hospital, Shrewsbury
Ludlow and District Hospital, Ludlow
Oswestry and District Hospital, Oswestry
Shifnal Cottage Hospital, Shifnal
Whitchurch Cottage Hospital, Whitchurch
New Cross Hospital, Wolverhampton
The North Staffordshire Royal Infirmary, Stoke-on-Trent
R.A.F. Hospital, Cosford
The Staffordshire General Infirmary, Stafford
The Kidderminster and District General Hospital, Kidderminster
The Wolverhampton Royal Hospital, Wolverhampton

Orthopaedic Conditions, including Fractures:
The Royal Salop Infirmary, Shrewsbury
The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry
The Kidderminster and District General Hospital, Kidderminster

Special Forms of Treatment not elsewhere available:
The Birmingham Children's Hospital, Birmingham

HANDICAPPED CHILDREN

Detection and Ascertainment—Developmental Paediatric Examinations.—As mentioned in my Report of last year, this county, together with several others, decided to abandon the conventional "At Risk" register in favour of a comprehensive routine screening examination of all new-born children at certain key ages in order to ensure the earliest possible detection of handicapping or potentially handicapping conditions, and consequently allow the immediate institution of appropriate treatment.

That Report described the pilot scheme undertaken in five areas of the county. This was in effect, a feasibility study designed to ascertain whether a comprehensive screening programme could be carried out with the staff, time, equipment, premises, etc. available, and as such, proved successful, with an attendance rate in the 4-6 week age group of 80%.

This being so, it was decided to extend the scheme to the whole county, although it was found necessary to reduce the number of routine examinations to two; one at 4-6 weeks and the other at 2 years. So far, this plan has worked well and from its beginning in September 1971 to the end of the year the attendance rate has been 73%, a very satisfactory figure compared with the casual clinic attendances of former times. The following table shows the conditions detected up to 31st December, 1971.

CONDITIONS FOUND

Examination Stage	Appointments	Examined	Under Treatment		Referred to G.P.
			By Family Doctor	By Paediatrician	
4–6 weeks	1,504	1,096	Rectal Condition 1 Chest Condition 1 Hernia 6 Hydrocele 1 Imperforate Hymen 1 Clicking Hips 2 Delayed development 1 Infected eye 2 Everted leg 1	Foot defect 1 Spina Bifida 2 Spina Bifida and Hydrocephalus 2 C.D.H. 6 Delayed development 2 Dorsiflexion of foot 1 Clicking Hip 2 Mongol 1 Hare lip 1 Undescended Testes 1	Cyst 2 Hernia (Umbilical) 2 Enlarged glands 1 Floppy Baby 4 Delayed motor development 6 Squint 7 Hip condition 4 C.D.H. 2 Ant Fontanelle 4 Post Fontanelle–open 1 Infantile Eczema 1 Visual Defect 1 Systolic Murmur 1 Head lag 4 Foot deformity 2 Anaemia 1 Deformity of ear 1 Abdominal condition 1 Hydrocele 2
			Total– 16	Total– 19	Total– 47

In addition to the two examinations included in this scheme, every child is invited to attend a special clinic at the age of 9 months for a test of hearing and detection of squint.

Assessment of Handicapped Children.–A handicapped pupil may be defined as one suffering from a disability of mind or body which is likely to interfere with normal growth, development and ability to learn. Children suffering from such disabilities or defects which impede normal progress in school are given special consideration. This varies from education in hospital (for long stay patients) and home tuition, to education in special classes or units in ordinary day schools. Residential School may be recommended where specialised treatment is necessary and which cannot be provided locally or where home circumstances justify boarding education.

The Education Act, 1944, imposed upon Local Authorities the duty of finding children who require special educational treatment and of providing this, if necessary, from the age of two years.

For the purpose of the Education Act, there are ten categories of handicap:

Blind	Educationally Subnormal
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Hearing	Physically Handicapped
Delicate	Speech Defective

A "Register of Handicapped Pupils" is maintained in the School Health Service Section. Children suffering from obvious handicaps such as total deafness, severe physical disabilities, etc., are discovered long before they reach school age and Health Visitors keep them continually under observation. The need for early discovery must be stressed and parents, family doctors, school medical officers, health visitors and teachers should refer any child thought to be suffering from a handicap so that assessment and any special educational treatment or training may be decided upon without harmful delay. Consultant Paediatricians advise the School Health Service about any handicapped children who are under their care.

During 1971, pupils ascertained by School Medical Officers under the Handicapped Pupils and School Health Service Regulations numbered 276, and a summary of the findings and recommendations to the Local Education Authority is given below. In addition 1,001 children found to be speech defective were brought under treatment by the Speech Therapists whilst a further 2,350 examinations were carried out at the Medical Audiology Clinics as a result of which 544 recommendations and referrals were made.

Some 750 children were under treatment at Child Guidance Clinics during the year and fuller details are contained in the report of Dr. D. R. Benady, Consultant Child Psychiatrist, on page 47.

HANDICAPPED PUPILS

Category	Pupils Specially Examined	Not Handicapped	Special Educational Treatment Recommended				Reported to Local Health Authority		Pupils not requiring supervision on leaving school
			In Ordinary School	In Special Day Class	In Special School	Home Tuition	Suitable for education at school for mentally handicapped	Friendly supervision on leaving school	
Blind	2	—	—	—	2	—	—	—	—
Partially Sighted	4	—	—	—	4	—	—	—	—
*Deaf	—	—	—	—	—	—	—	—	—
Partially Hearing	6	—	—	6	—	—	—	—	—
Delicate	1	—	—	—	1	—	—	—	—
Educationally Subnormal ..	219	43	18	76	36	—	9	36	1
Epileptic	1	—	—	—	1	—	—	—	—
Physically Handicapped ..	43	—	—	—	32	11	—	—	—
TOTAL ..	276	43	18	82	76	11	9	36	1

*All children suspected of being deaf or partially hearing are now dealt with not by the individual School Medical Officer but by a Specialist Audiology Team, whose recommendations are referred to on page 41.

As well, the Medical Officers, also carried out a further 433 examinations of handicapped pupils in connection with unsatisfactory school attendance, the provision of transport to and from school, free milk on medical recommendation, the review of home tuition cases and medical reports requested by Youth Employment officers.

The following table gives details of the numbers of pupils ascertained by the School Medical Officers during the period 1962 to 1971.

	(1) Blind (2) Partially-sighted (3) Deaf			(4) Partially hearing (5) Delicate (6) Educationally subnormal			(7) Epileptic (8) Physically handicapped		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	TOTAL
Examined :									
1962	2	2	—	3	21	247	1	22	298
1963	—	3	1	2	15	252	6	21	300
1964	3	3	—	—	26	292	9	18	351
1965	2	2	—	3	16	268	—	36	327
1966	—	3	2	5	21	236	6	39	312
1967	3	6	—	1	17	279	2	28	336
1968	3	—	—	4	15	294	1	31	348
1969	4	4	1	3	9	277	—	40	338
1970	2	2	1	10	11	225	1	32	284
1971	2	4	–	6	1	219	1	43	276
Recommended for Special School :									
1962	2	2	—	3	16	52	1	10	86
1963	—	3	1	2	11	43	5	8	73
1964	3	3	—	—	17	51	6	3	83
1965	2	2	—	3	11	68	—	23	109
1966	—	3	2	5	10	45	3	24	92
1967	3	6	—	1	13	60	2	19	104
1968	3	—	—	4	10	60	1	15	93
1969	4	4	1	3	7	64	—	26	109
1970	2	2	–	–	6	45	1	17	73
1971	2	4	–	–	1	36	1	32	76

Blind.—Two children were ascertained during the year as requiring special educational treatment in a school for the blind and there are now three children attending special residential schools for blind children.

Partially Sighted.—Four children were ascertained during the year as requiring special educational treatment and there are now five partially-sighted pupils attending special schools in various parts of the county.

Deaf/Partially Hearing.—All children suspected of being deaf or partially-hearing are dealt with not by the individual school medical officer but by a specialist audiology team. A special report on these handicaps and recommendations made in this connection will be found on page 36.

Physically Handicapped.—The majority of these children who suffer from physical handicaps of varying degrees of severity, attend ordinary schools and any necessary special arrangements are made. Special transport to and from school is provided by the education authority for any child who on account of physical handicap, injury, acute or chronic ill health, etc. is considered unfit to attend school by other means. At the end of the year, 172 pupils were receiving special transport on medical grounds.

Where the disability is so great as to preclude attendance at either ordinary or special schools or where the pupils are undergoing temporary periods of medical treatment at home, the Education Authority provide home tuition. Each child is examined by the School Medical Officer to ensure that home tuition is necessary on medical grounds and is kept under review to ascertain when resumption of attendance at the ordinary school is desirable. Hours of tuition provided weekly vary according to the needs of individual pupils and at the end of 1971, 11 pupils were being provided with home tuition.

During 1971 some 43 new cases were assessed as physically handicapped and of this total 32 were recommended for admission to a special school and 11 for home tuition. At the end of the year, 27 physically handicapped pupils were being educated in special residential schools.

Delicate.—The majority of children in this category, which includes diabetic children as well as children suffering from asthma and other chest conditions, are placed in residential schools as a change of environment for a prolonged period—often six months is recommended—on medical and sometimes on social grounds.

One new case was assessed as a delicate pupils in 1971 and at the end of the year 7 children were in attendance at special schools.

Epileptic.—The great majority of children suffering from epilepsy are able with adequate treatment to continue to attend ordinary school with minor restrictions on their activities. Occasionally the disability is sufficiently severe to warrant admission to a special residential school for epileptics and 4 pupils were receiving such education at the end of the year.

Maladjusted.—At the end of the year, 42 maladjusted pupils were receiving educational treatment in residential special schools. A report on the Child Guidance Service by Dr. D. R. Benady, Consultant Children's Psychiatrist, appears on page 47.

Speech Defective.—At the end of the year 1 pupil was in attendance at a special school for speech defective children. A report on the Speech Therapy Service appears on page 33.

Educationally Sub-Normal.—This is by far the biggest single group of pupils in need of special educational facilities and during 1971, of 219 such children who were referred for assessment to the School Medical Officers and Educational Psychologists on account of lack of progress in the ordinary school or for supervision on leaving school, the following recommendations were made:—

Special Educational Treatment:	
Ordinary School	18
Special Day School	76
Special School	36
Not Handicapped	43
Suitable for education at school for Mentally Handicapped	9
Friendly supervision on leaving school	36
Not requiring supervision on leaving school	1

The following existing provision for educationally subnormal children has been made by the Local Education Authority:

Special Schools (Residential, all ages):
Petton Hall for Boys (90 places)
Haughton Hall for Girls (72 places)
(12–15 places reserved for girls from Herefordshire which has no residential school for girls)

Units attached to Ordinary Schools (Age range 8–11 years):

Oswestry, Woodside County Primary	(15 places)
Shrewsbury, St. Michael's Street County Primary	(32 places)
Teagues Bridge County Junior	(15 places)
Ketley Town County Junior	(15 places)
Pool Hill County Junior	(15 places)
Ludlow, St. Laurence C.E. Junior	(15 places)
Market Drayton County Junior	(15 places)

(Age range 11–16 years):

Shrewsbury, Belvidere Boys' Modern	(15 places)
Shrewsbury, Monkmoor Girls' Modern	(15 places)
St. Martin's Modern	(15 places)
Trench Boys Modern	(15 places)
Ludlow Modern	(15 places)
Wrockwardine Wood Girls' Modern	(15 places)

The total number of places available for Shropshire children is approximately 162 residential and 212 day places.

The Peripatetic Remedial Teaching Service is now established as a branch of the Special Education Services provided for handicapped children.

The Remedial Teachers (there is an establishment for 7 teachers) work in liaison with the Primary School Advisers and under the supervision of one of the Educational Psychologists. Preliminary surveys are carried out in groups of schools and a programme of remedial work is drawn up. Schools within the group are visited regularly by the Remedial Teachers and the retarded children are withdrawn from classes to receive special tuition. They work closely with Class Teachers and the needs of individual children are discussed so that even when the Remedial Teacher is not present the Class Teachers are able to continue the remedial work.

Supervision of School Leavers.—The handicapped school leaver poses a very real problem. The School Medical Officer, at the last routine medical examination of each pupil, makes a report if he considers a pupil unsuitable for work of any particular type. This report is forwarded by the Principal School Medical Officer to the Youth Employment Officer to ensure that any pupil on leaving school is not placed in employment for which he or she is either mentally or physically unsuited.

Handicapped pupils are also encouraged to enrol in the Register of Disabled Persons and so obtain through the Ministry of Labour sheltered employment and also special educational training open to Registered Disabled Persons.

Special arrangements exist to deal with the problem of after-care for pupils leaving Petton Hall and Haughton Hall Residential Schools, and the Social Officers and Youth Employment Officers do, in suitable cases, visit the special schools before the children actually leave. Each case is then followed up at home to ensure that the child settles down in employment and becomes satisfactorily adjusted to post-school life.

In order that handicapped children may be kept constantly under review in the twelve months preceding school leaving and during the following five years, an After-Care Committee co-ordinates the efforts of the various bodies concerned, namely the Education, Health, Social Services Departments, and the Ministry of Labour's Rehabilitation and Youth Employment Service.

Provision for Mentally Handicapped Children.—The Education (Handicapped Children) Act, 1970 brought within the educational system on 1st April 1971, all those children previously deemed to be unsuitable for education in ordinary schools. In effect, this meant that the responsibility for junior training centres—Shrewsbury Junior Training Centre (now Robert Clive School) and Wellington Junior Training Centre (now Charles Darwin School) passed from the Health to the Education Committee.

Under the Act, the Education Authority has a statutory responsibility to make suitable provision for any child capable of responding to any form of educational stimulus. This has meant increased demand for home tuition. The Education Authority is under pressure for the provision of suitable accommodation for profoundly handicapped children, as the Stirchley School (with provision for 60 places including 30 boarders) will not be available until 1973/74.

At the end of the year there were 224 mentally handicapped children in the County distributed as follows:—

Robert Clive School, Shrewsbury (this school has provision for 43 boarders)	90 children
Charles Darwin School, Wellington (no provision for boarders)	47 (including 2 part-time attenders)
Whitchurch Special Class	13 children
Donnington Wood Special Class	7 children
Lea Castle Hospital, Kidderminster (for severely subnormal children)	20 children

Prior to admission to this Hospital, Dr. G. B. Simon, Medical Director and Consultant Psychiatrist from the Hospital, sees patients at a monthly clinic attended by Dr. W. Rhys Jones, Senior Medical Officer and 1 member of the clerical staff of the Child Health Section, at Shrewsbury Adult Training Centre. This clinic is, in effect, an out-patient clinic of Lea Castle Hospital and an average of 15 patients are seen at each session.

Stallington Hall Hospital, Blythe Bridge, Stoke-on-Trent (for severely subnormal children)	16 children

Prior to admission patients are seen by Dr. Surawy Consultant Psychiatrist at the Hospital.

Loppington House, Wem	9 children

This is a residential nursing home in the County which provides for 110 severely subnormal children needing full nursing care. The age of the children is 0—12. The majority of them have been placed in the nursing home by the Birmingham Regional Hospital Board or Social Services Departments of other local Authorities.

Placement elsewhere		4 children
Not placed		18 children
	Total	224 children

As will be seen from the foregoing information, there are a number of children who are at present not accommodated in schools. The majority of these are in hospitals for the subnormal, some at Loppington House, Wem and some at home. These children are too severely handicapped mentally or physically or both, or too disturbed to be catered for in schools as at present staffed or equipped.

As a result of a review, of all cases of children in the County under the age of twelve who could be considered suitable for attendance at a day special care unit, it was ascertained that there were 36 such children (Shrewsbury 11, Telford 12, remainder in County 13). It is now National policy, following publication of the White Paper 'Better Services for the Mentally Handicapped', that as many as possible of such children should be provided for in the local community, rather than in hospitals for the subnormal, since most do not really need constant medical care.

The Spastics Society, in co-operation with the Shropshire Spastics Society, have proposed that they would be prepared to build a special care unit to be attached to the Robert Clive School, Shrewsbury, if the Authority would be prepared to take over the Unit and staff it on a fully professional basis. Capital cost of such a Unit would be £45,000–£50,000 and it would cater for 25 children. The Society would meet the full capital cost with the exception of Architect's fees and it has been agreed that the Authority would undertake the cost of running the Unit and providing the Architect's services, since the building would have to be closely associated with the Robert Clive School and it would be more satisfactory that the design work should be undertaken by the County Architect.

Enuresis.—At the beginning of June, 1971, in view of the increasing demands which were being made upon the staff of the Child Guidance Clinic and the fact that in many of the cases being referred to the Clinic there was no underlying factor of emotional disturbance it was decided that responsibility for visiting patients suffering from enuresis and issuing Enurex Buzzer Alarm Units should in future be undertaken by Health Visitors and School Nurses of the County Health Department. Dr. D. R. Benady, Consultant Child Psychiatrist, is continuing to see any cases with special problems requiring psychiatric investigation and treatment.

The School Health Service maintains a supply of Units for issue on loan to children and between the period 1st June to 31st December, 1971, 108 sets were issued to school child enuretics. The majority of the cases are aged 7 years or over, experience showing that results are unsatisfactory in the majority of cases below this age group owing to the lack of co-operation. The Health Visitors/School Nurses deliver the Units and P.V.C. Pads to parents and explain their use giving any necessary advice and guidance. The nursing staff supervise progress at appropriate intervals and are responsible for reporting on treatment and returning the Units to the Health Department on the conclusion of treatment. The average period for which a set is retained in use is approximately 5 weeks, although in some cases treatment extends over a period of 2 to 3 months.

Cases are referred from both General Medical Practitioners and School Medical Officers.

Home Visiting by School Medical Officers.—The School Medical Officers are given lists of handicapped children living in their areas and are expected to pay attention to these children in school or by home visiting. Some cases have to be referred to the Central Office for further advice and discussion.

Such visits are carried out on a selective basis and generally restricted to children in the 0-7 years age range. Children over the age of 7 years should normally be seen by the School Medical Officer in school conditions, although there may be the occasional case of a pupil over 7 years of age not attending school who will still require to be visited by the Medical Officer.

Health Visitors are sent copies of all hospital discharge notifications, consultants' reports, etc. relating to children from 0-5 years to enable them to supervise these children and refer them to the Local Child Health Centre, if circumstances arise which necessitate their being seen by the Clinic Medical Officer.

Doctors Barker and Nankivell spent during the year approximately four and one half day sessions per weekly respectively on home visiting. Sometimes accompanied by Miss M. E. M. Evans, the Social Worker, these doctors visited the homes of very young handicapped children to examine and assess them to discuss the question of their educational future with the parents and in general to give them help and guidance in the understanding and management of their children. Details of these young children who were considered suitable for attendance at the Katharine Elliot School or the Thomas Parker School for Handicapped Children are passed to the Chief Education Officer. Mr. N. O. Davies as Principal of the Katharine Elliot School and Miss B. J. Pope, Principal of the Thomas Parker School also visit with Miss Evans the homes of all those children who attend the schools concerned, or are recommended for future admission.

HOME VISITING OF HANDICAPPED CHILDREN

Handicaps	*Pupils on List*	*Number Visited*	*Number not Visited*	*Visits Made*
Blind	1	1	–	2
Partially Sighted	10	8	2	13
Deaf	2	2	–	2
Partially Hearing	3	3	–	4
Some Hearing Loss	2	1	1	1
Delicate	49	25	24	30
Epileptic	20	17	3	29
Maladjusted	4	2	2	2
Mentally Retarded	31	10	21	10
Physically Handicapped	333	211	122	289
Speech Defective	2	2	–	5
457	282	175	387	

SCHOOL REPORT OF THE PRINCIPAL DENTAL OFFICER

One of the highlights of the year was the move from the old and inadequate premises at Haygate Road, Wellington, into the new Health Centre at Chapel Lane, Wellington. This well-equipped four surgery unit is now fully staffed. Consequently, inroads are being made into the backlog of work in this area. This is an exceptionally fine Centre, the staff find it easy to run and they seem to be very happy to be working in such pleasant surroundings.

The staffing situation has remained stable throughout the year. On 31st December, 1971, there was a whole time equivalent of 10.9 dental surgeons and 5.4 ancillaries in post compared with 10.69 dental surgeons and 2.8 ancillaries on 31st December, 1970. This situation has meant that we have been able to plan our work with greater efficiency and this has been reflected in an increased output of work. The number of children inspected at school is less than last year, but a greater number were found to require treatment and a greater number was also referred for treatment. The need for treatment is very great and this fact is illustrated by the figures obtained during the year from a random sample of 2,800 children in three age groups from the areas covered by four Clinics (Dawley, Madeley, Wellington and Shrewsbury). The children were inspected at school and the results of the detailed examination recorded on a specially designed form. Each tooth surface was examined visually and classified in one of nine categories. Data was also obtained on orthodontic condition, opacities, dental cleanliness, calculus, extrinsic staining and gingival condition. Information was collected on the permanent and deciduous dentition for each group and sub-divided by sex. The data was processed by the County Council computer and abstracted information stored for each child. Totals by school, area and County were produced and statistical tests carried out on differences found. A small portion of the information collected is set out in the table under statistics at the end of this report. The County totals show how great is the need for dental treatment, especially in the younger age groups. In infants, an average of almost twice as many deciduous teeth have been extracted as compared with those filled and the number of decayed teeth is 5 times the number filled. The situation improved slightly in the older age groups, but even at the age of 11—13 years there is still an average of 2 teeth in need of filling in respect of each child.

The tables illustrate the following points:—

Wellington

This area has a consistently high need for treatment (indicated by the mean number of decayed teeth) and an inadequate amount of treatment provided (indicated by the mean number of filled teeth). This would indicate a particular necessity for the extra provision of facilities in Telford and some idea of dental manpower needed.

Shrewsbury

A higher level of treatment is provided in the town, but the amount of work outstanding is very nearly as high and in the case of the secondary school group, higher than in Wellington. The total life experience of dental decay, indicated by the D.M.F. Score (Decayed, Missing, Filled) is higher in Shrewsbury than in the other areas so that while more treatment is being provided, because the overall decay rate is high and demand is high, we are unable to keep pace.

Dawley and Madeley

The position does not seem quite so bad in Dawley and Madeley as in the other two areas referred to, due mainly to a lower decay rate. However, in a situation where 8 year old children have already lost adult teeth there is no room for relaxation of our efforts.

RELATIONSHIP BETWEEN DENTAL DECAY AND DENTAL CLEANLINESS

Mean. No. of decayed teeth in children examined		Dental Cleanlines		
		Good	Fair	Poor
Infants:	deciduous	1.89	3.75	5.97
	permanent	0.04	0.13	0.25
Juniors:	deciduous	1.46	2.23	2.69
	permanent	0.74	1.11	1.37
Secondary:	deciduous	0.85	1.15	0.97
	permanent	1.01	1.98	2.81

From the table above it will be seen that perhaps there is one encouraging sign. We found that the mean number of decayed teeth in children with poor dental cleanliness was two or three times greater than in those children with good dental cleanliness. This would indicate that every effort (which would involve greater capital outlay) should be made to increase the amount and particularly the effectiveness of dental education in the County in an effort to bring the amount of dental decay down to a level which can be satisfactorily treated.

It has not been possible in this short report to do more than provide a brief outline of a few highlights from the large amount of information available. It is hoped, therefore, to produce a supplementary report later in the year which will detail fully the new system and the data collected.

It is now rare to see what used to be termed "the hospital mouth" (this is gross decay only treatable by extraction), but there is still a great amount of untreated decay around. This shows up particularly in the infant group, this being the group which would benefit most from a fluoridation programme.

Fluorine along with other minerals is an essential element for human physiology; it seems a great pity that in areas where this is deficient, this deficiency should not be made up in a controlled artificial manner. The dental profession as a whole, must simply waken up to the fact that although it is working very hard it is simply not coping with the disease. So the first step has been taken in providing basic information concerning the pattern of dental disease, without which any intelligent planning and development of a prevention and treatment organisation is impossible.

I should like to thank dental staff for their enthusiasm and hard work throughout the year.

PARTIAL ABSTRACT FROM DATA OBTAINED AS A RESULT OF PRELIMINARY SURVEY OF 2,800 PUPILS IN COUNTY SCHOOLS IN DAWLEY, MADELEY, SHREWSBURY AND WELLINGTON

Age Group		Dawley Clinic Area	Madeley Clinic Area	Shrewsbury Town Area	Wellington Clinic Area	County Totals
INFANTS (deciduous teeth)	No. of children examined	150	187	350	233	920
	Mean age in years	6.09	6.05	6.05	6.02	6.05
	No. of decayed teeth (D)	3.67	3.14	3.34	3.57	3.41
	No. of extracted teeth (E)	1.48	1.13	1.36	0.88	1.21
	No. of filled teeth (F)	0.43	0.59	1.13	0.31	0.70
	D + E + F (DEF)	5.59	4.86	5.84	4.76	5.33
(deciduous teeth)	No. of children examined	161	150	185	217	713
	Mean age in years	8.99	8.99	8.98	8.98	8.99
	No. of decayed teeth (D)	1.85	1.90	2.00	2.41	2.07
	No. of extracted teeth (E)	2.45	1.97	2.01	2.11	2.13
	No. of filled teeth (F)	1.13	0.83	1.02	0.66	0.90
	D + E + F (DEF)	5.43	4.70	5.03	5.18	5.10
JUNIOR (permanent teeth)	No. of children examined	161	150	186	219	716
	Mean age in years	8.99	8.99	8.99	8.99	8.99
	No. of decayed teeth (D)	0.89	0.84	0.96	1.36	1.04
	No. of missing teeth (M)	0.07	0.09	0.09	0.06	0.08
	No. of filled teeth (F)	1.23	0.89	1.11	0.79	0.99
	D + M + F (DMF)	2.19	1.83	2.16	2.21	2.11
SECON-DARY (permanent teeth)	No. of children examined	321		402	441	1,164
	Mean age in years	12.16		12.45	12.15	12.26
	No. of decayed teeth (D)	1.58		2.07	1.76	1.82
	No. of missing teeth (M)	0.52		0.55	0.45	0.50
	No. of filled teeth (F)	2.44		2.57	2.17	2.38
	D + M + F (DMF)	4.54		5.20	4.38	4.71

N.B. The number of DMF (decayed, missing or filled) teeth refer to the mean number per child.

Work done during the year (these figures include those relating to the Mobile Units):

Attendances and Treatment :	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	*Total*
First Visit	4,378	3,975	939	9,292
Subsequent visits	11,478	11,320	3,059	25,857
Total visits	15,856	15,295	3,998	35,149
Additional courses of treatment commenced	699	592	160	1,451
Fillings in permanent teeth	7,497	13,929	4,271	25,697
Fillings in deciduous teeth	8,816	574	–	9,390
Permanent teeth filled	5,316	11,351	3,636	20,303
Deciduous teeth filled	7,614	509	–	8,123
Permanent teeth extracted	373	1,984	541	2,898
Deciduous teeth extracted	5,698	1,844	–	7,542
General anaesthetics	1,931	1,157	156	3,244
Emergencies	664	475	121	1,260
Number of Pupils X-rayed				744
Prophylaxis				3,764
Teeth otherwise conserved				1,299
Number of teeth root filled				91
Inlays				3
Crowns				51
Splints				–
Gold posts				–
Courses of treatment completed				10,601

Orthodontics :

New cases commenced during year	179
Cases completed during year	159
Cases discontinued during year	14
Number of removable appliances fitted	382
Number of fixed appliances fitted	78
Pupils referred to Hospital Consultant	18

Prosthetics :	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	*Total*
Pupils supplied with F.U. or F.L. (first time)	–	1	3	4
Pupils supplied with other dentures (first time)	9	27	22	58
Number of dentures supplied	17	47	63	127

Anaesthetics :

General Anaesthetics administered by Dental Officers	159

Inspections :

(*a*) First Inspection at school. Number of Pupils	14,810
(*b*) First Inspection at clinic. Number of Pupils	7,449
Number of (*a*) + (*b*) found to require treatment	15,661
Number of (*a*) + (*b*) offered treatment	13,468
(*c*) Pupils re-inspected at school or clinic	2,486
Number of (*c*) found to require treatment	1,823

Sessions :

Sessions devoted to treatment	5,432
Sessions devoted to inspection	170
Sessions devoted to Dental Health Education	89

	Adminis-trative sessions	Number of clinical sessions worked in the year					Total Sessions
		School Service			M. & C.W. Service		
		Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education	
Dental Officers (incl. P.S.D.O.)	332	164	3,481	1	206	*	4,184
Dental Auxiliaries			1,436	4	86	*	1,526
Dental Hygienists			424	84	7	*	515
Total	332	164	5,341	89	299	*	6,225

* Although no specific figures are available Dental Officers, Dental Auxiliaries and Dental Hygienists give Dental Health Education as the occasion arises in their duties.

The Dental Hygienists carried out the following Dental Health Education work:—

168 talks to 9,046 pupils

One Dental Officer gave 1 talk to 160 pupils.

Under the provisions of Section 78 of the Education Act, 1944, all the pupils (approximately 90) of Condover Hall School for the Blind were dentally examined and treatment carried out as necessary.

C. D. CLARKE, *Principal Dental Officer.*

SPEECH THERAPY

During the year, two whole time therapists resigned, Mrs. E. M. Inglis leaving on 23rd July, 1971, in order to have a baby and then on 30th September, Miss P. Booth left to take an appointment elsewhere. These losses were only partially offset by the arrival of Mrs. J. Blower who, from 2nd June, 1971, has been working for four sessions per week.

In April, 1970, the first of a series of advertisements was published in the appropriate journals and newspapers for the appointment of three more senior therapists. This followed a revision of the establishment which now allows for four senior speech therapists. However, by the end of the year no response to these advertisements was forthcoming, leading one to believe that despite the national shortage of therapists, increase in salary was not a sufficient attraction for anyone to move to Shropshire. It has been possible to locate seven married therapists living in this county and two others living just a few miles into neighbouring counties, who are, so far as is known, not employed at the moment. Letters have been sent to each one of these people and it will be interesting to discover if, within the coming year, we are able to persuade any of them to do some sessional work for us.

The staff at the end of 1971 comprised:—

1 senior speech therapist
1 speech therapist (whole-time)
2 speech therapists (0.9 equivalent in whole time speech therapists)

During the Easter and Summer vacations, students in training for speech therapy have been provided with clinic facilities at various clinics of ours and have worked with our own staff. Several pupils at schools who have shown an interest in speech therapy as a career, have also been allowed to observe at clinics and been given every encouragement to apply for places at training centres.

The work carried out by the staff during the year has been admirable, as the following tables show, considering the circumstances, and it has been most difficult to provide a service for every child. It is sad to see this crumbling away of a good speech therapy service which has been built up over the years. Certain parents, some schools, perhaps some children too, have felt they have been neglected or offended but it is impossible to provide a comprehensive coverage without a full staff. Consequently, it has been a problem to keep a balance between the long term patients and those who it is hoped will respond quickly to treatment.

There is a vast amount of work to be done and one can only hope that, for instance, interesting and exciting projects which have been discussed with colleagues in the child guidance service may one day come to fruition. This could be a concerted effort designed specifically for the non-communicating child, whether he be autistic, aphasic, or have some form of brain damage.

At the end of 1971 Speech Therapy Clinics were being held at the following Centres:

	Morning	Afternoon	Evening
Monday	Oswestry C.H.C. Wellington C.H.C.	Market Drayton C.H.C. Oswestry C.H.C.	
Tuesday	Katharine Elliot School Murivance C.H.C.	Eye, Ear and Throat Hospital Murivance C.H.C.	Eye, Ear and Throat Hospital
Wednesday	Madeley C.H.C. Petton Hall School Donnington Wood Infants' School Teagues Bridge Infants School	Shifnal County Primary School Shropshire Orthopaedic Hospital	
Thursday	Thomas Parker School	Albrighton County and County Junior Schools Eye, Ear and Throat Hospital	
Friday	Bridgnorth C.H.C.	Wellington C.H.C.	

The following table gives particulars of the conditions which necessitated attendance of 1,001 children who were given speech therapy during 1971:

Condition	Cases discharged during year	On Register 31st December
Stammer	36	39
Cleft palate	3	23
Severe dyslalia	12	60
Nasality + or —	–	8
Dyslalia	272	290
Voice defect	1	2
Mongolism	24	3
Non-communicating	6	14
Partially hearing	2	8
Educational Subnormality . ..	5	14
Dysarthria	9	19
Mixed defect	9	23
Dysphasia	7	36
Mental defect	5	9
Language defect	17	45
TOTAL	408	593

CASES TREATED

On Register 1st January	New Cases during year	Cases discharged during year	On Register 31st December
534	467	408	593

CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit from further treatment			Referred to Other Services	TOTAL
		Slightly Improved	Unimproved	Left School or Ceased		
188	63	21	5	81	50	408

In a small number of cases, discharge is temporary and children can attend later for further treatment.

In addition:

502 children made single visits to Centres for advice.
104 visits were made to individual homes.
138 visits were made to schools to see children and discuss cases with teachers.

In all, 1,001 children having regular treatment in the County made a total of 3,542 attendances.

E. PAULETT,

Senior Speech Therapist.

AUDIOLOGY

During the year, there was a decrease in the available number of nursing staff trained in audiological screening procedures; the reasons for this included promotion, moving out of the county, and marriage. Early in 1972 it is intended to organise another in-training course but it remains a debatable point whether it is preferable to have a small team engaged solely on audiological work rather than several persons spending a limited amount of time between other duties and thus needing constant adjustment of their level of standardisation and testing technique.

At the time of writing, the audiology team consists of:

Audiologist	1
Medical Officers	8
Nursing Staff	16
Audio/Vision Testers	3

The fifth Annual Course for parents of hearing impaired children was held in September and the fact that it was held on one day only appeared popular and increased the numbers attending.

19 families came from Shropshire, 10 from Staffordshire, 3 from Flintshire, 2 from Montgomeryshire, 2 from Walsall and 1 from Solihull, making a total of 61 adults and 39 children; in addition 50 members of staff and other interested persons were present. Because of the numbers, it was necessary to cater for the adults and children separately. The children spent the whole day at the Robert Clive School where they were cared for, entertained and fed whilst the adults listened to the speakers, watched films and had their meals at the adjacent Wilfred Owen School. Once again it was a pleasure to have Dr. L. A. Hamar, Chairman of the Health Committee, taking the chair for each session. The speakers were:

Dr. J. C. Denmark, Consultant Psychiatrist, Whittingham Hospital, Preston
Mr. H. G. Williams, H.M. Inspector of Schools, Department of Education and Science
Mr. E. B. Campbell, Lecturer in Parent Guidance, Department of Audiology, University of Manchester
Mr. A. Sherliker, Head Teacher, Braidwood School for Deaf and Partially Hearing Pupils, Birmingham.

In April, the Audiologist attended the third conference on "Children with a combined Visual and Auditory Handicap" held at Coventry College of Education; in May a course on "Developmental Paediatrics" at the Shirehall, and in July the British Society of Audiology Conference at the University of Dundee. Lectures have been given to a number of various organisations including Teacher Groups, Parent-Teacher Associations, Ladies' Clubs, the Lions and The Royal Society of Health.

The film "Audiology with Children", made by this department in 1968, is still popular and is requested for showing at many places throughout the United Kingdom. The book "Hearing Loss", is now in its fourth print and sales remain at a steady level with copies being requested not only from Britain but from several other countries including Japan, Holland and South Africa.

An exhibition by the Audiology Section, of hearing and vision testing equipment was displayed during the visit of Sir Keith Joseph in September when he opened the new Wellington Health Centre.

Visits have been made to Residential Schools for the Deaf at Malvern, Stoke and Birmingham and also to the Speech and Hearing Centre at Hereford. Each term, the teachers of the deaf, the Audiologist and one of the Senior Administrative Assistants from the Education Department, meet in order to discuss pupils in Partially Hearing Units, to listen to lectures of specific aspects in their work or to visit an Educational Establishment for Deaf Children. These meetings are invaluable and help to increase the cohesion between the personnel of the Health and Education Departments who work to the same end. Measurements of noise levels have been made by the Audiologist at schools, Health Centres, a proposed school site, and a County Council quarry. When occupational hearing loss resulting from exposure to noise becomes an injury which can be compensated under the Industrial Injuries Act, then a great deal of the data accumulated on the hearing of school children will be invaluable at some later date. Mr. D. L. Chadwick, Otologist in the Department of Otolaryngology at the University of Manchester has stated that at final school year,pre-employment audiometry "would prove an extremely valuable base line for future entrance into industry or the Armed Forces. This would provide a useful reference level for any future hearing tests, especially if some method of recording the results in permanent form on a national basis could be devised."

Infant Hearing Test.—The number of babies tested was 4,257, the results of hearing tests being summarised below:—

HEARING TESTS PERFORMED ON BABIES

Number Referred		Number Tested	Number Passing	Number for Re-Test	Number referred to Audiologist
New Cases	6,928	4,257	4,121	126	10
Re-test Cases	125	82	61	7	14
TOTAL	7,053	4,339	4,182	133	24

Of the new appointments given for tests 61.4% were accepted, and of those failing the test the first time only 65.6% came for a re-test. These figures show that there is a long way to go before we are confident that very few babies are slipping through the screening net.

As reported in 1970 the testing of visual acuity in babies by means of the "rolling balls" test was discontinued, but observation for squint still remains a part of the routine procedure during the screening of hearing test for babies.

OBSERVATION OF SQUINT

Number Referred	Number Tested	Number Passing	Unconfirmed diagnosis of squint
(new cases) 6,928	4,257	3,896	361

This shows an incidence of suspected squint in 8.5% of the children originally tested. A break-down of the 361 cases shows that:—

51 Were already under treatment by an Ophthalmic Consultant
103 Were referred to an Ophthalmic Consultant by Clinic Medical Officer
18 Were referred to the family doctor by Clinic Medical Officer
57 Still under observation by Clinic Medical Officer
90 Had no squint dianogised by Clinic Medical Officer
26 Failed to attend for further tests
9 Are awaiting an appointment at a Child Health Clinic
7 No information available at present

Of the 103 children referred to the Ophthalmic Consultant it was found that:—

11 Suffering from squint
72 Squint not diagnosed but being kept under review
5 No squint. Discharged from hospital.
8 Awaiting hospital appointment.
1 Left County
6 No information available at present.

During the year the Audiologist tested the hearing of 123 children in their homes. These domiciliary diagnostic tests are carried out at the request of various referring agencies, and the results are summarised as follows:—

Discharged	81
Referred to Hearing Assessment Clinic	15
Referred to Medical Audiology Clinic	4
For review by Audiologist	20
Referred to family doctor	1
Left county	2

Infants between the ages of 1—5 years are still referred by parents, doctors and Health Visitors and the results of tests performed on 203 of these is shown in the following table:—

INFANT HEARING TESTS PERFORMED

Number Referred		No. Tested	No. Passed	Failed or did not co-operate		
				For Re-test	For Audiologist	For Dr.'s Clinic
New Cases	330	203	156	33	12	2
First Re-test	41	25	19	3	3	–
Subsequent and review cases	4	4	4	–	–	–
TOTAL	375	232	179	36	15	2

It is interesting to note that with this age group of children, the attendance rate is 61.5%.

The following are particulars of home visits to children under 5 years which the Audiologist and Health Visitor carried out during the year:–

141 Home visits by Audiologist
123 children seen:–

Discharged	81
Referred to Hearing Assessment Clinic	15
Referred to Medical Audiology Clinic	4
Left County	2
Referred to Health Visitor for conditioning	·1
Retest by Audiologist	19
Referred to Family Doctor	1
	123

Sweep Frequency Testing

SWEEP FREQUENCY TESTS PERFORMED

Number of Schools Visited	Category	Number Tested	Normal	(25/30db loss) Surveillance at school	(30db + loss) Hearing Suspect
117	Primary School Children	8,212	7,304	448	460

These screening tests of hearing are given in conjunction with a test of vision and are carried out by the three audiometrician/vision testers prior to school Medical Inspections. The table above shows a failure rate of 5.6%. The children who fail the test are referred to a Medical Audiology Clinic. The results of the vision tests are shown on pages 7 and 38. It will be noted that the number of vision tests carried out by the 3 Audiometrician/Vision Testers during the year amounted to 16,334 compared with only 8,212 hearing tests. This is due to the fact that although combined vision/hearing tests are carried out in respect of Primary School children at 5 and 7 years respectively, vision testing only is carried out in secondary schools all pupils in 11 and 14 year age groups being tested. When the staffing situation allows it is proposed to extend hearing testing to include the 11 year age group.

Results of Tests at Medical Audiology Clinics

Referred by	Cases	No. Referred	No. Tested Age Groups: Under 5	Primary	Secondary	Discharged	Type of Hearing Loss—For Review: Slight	Mild	Marked	Severe	Extreme	Not Classified	Total New Cases	Total Review Cases
Sweep Test	New	581	—	437	19	168	248	27	6	—	—	7	456	—
	Review	1,014	—	634	123	218	445	61	18	4	2	9	—	757
School Medical Officer	New	156	4	63	43	57	41	8	1	—	—	3	110	—
	Review	236	1	104	73	38	114	13	10	1	—	2	—	178
Family Doctor.. ..	New	93	3	70	6	27	42	3	3	—	—	4	79	—
	Review	90	—	60	6	24	37	3	—	—	—	2	—	66
Health Visitor/School Nurse	New	63	8	36	2	15	26	2	1	—	—	2	46	—
	Review	89	1	52	13	14	43	9	—	—	—	—	—	66
2 H.P. Case	New	46	—	19	4	15	5	—	—	—	—	3	23	—
	Review	15	—	6	7	5	6	2	—	—	—	—	—	13
Deaf Teacher	New	6	—	2	3	2	3	—	—	—	—	—	5	—
	Review	8	—	1	3	1	2	1	—	—	—	—	—	4
Head	New	31	2	18	2	10	9	2	—	—	—	1	22	—
	Review	35	—	17	5	5	13	1	3	—	—	—	—	22
Speech Therapist ..	New	27	4	14	—	7	11	—	—	—	—	—	18	—
	Review	27	1	15	6	5	14	2	—	—	—	1	—	22
Aural Surgeon	New	65	5	52	3	9	38	3	3	—	—	7	60	—
	Review	116	—	71	16	25	49	5	1	1	—	6	—	87
Infant Assessment Clinic..	New	15	4	6	—	1	6	2	1	—	—	—	10	—
	Review	69	6	45	2	7	37	4	4	1	—	—	—	53
Parent	New	113	3	73	8	26	46	5	1	—	—	6	84	—
	Review	184	5	113	23	36	86	11	5	—	—	3	—	141
Others	New	21	2	9	3	7	4	1	1	1	—	—	14	—
	Review	17	—	9	5	2	9	2	1	—	—	—	—	14
Totals ..		3,117	49	1,926	375	724	1,334	167	59	8	2	56*	927	1,423
			2,350			2,350							2,350	

Medical Audiology Clinics.—In addition to the screening failures mentioned above, other sources of referral include School Medical Officers, Speech Therapists, Head Teachers, Teachers of the Deaf, Child Guidance Clinic, Medical Practitioners, Otologists and other Hospital Specialists.

*This figure includes cases where the Medical Officer was unable to diagnose definitely any permanent hearing loss. The children concerned may, at the time of examination have been suffering from such conditions as colds, catarrh, etc., or have had wax in the ears. In order not to inundate the Otologist with unnecessary referrals these children were called for further investigation before a final decision or recommendation was made.

Following attendance at the above Clinics, of which 300 were held during 1971, with an attendance rate of 76.2% of the new cases, recommendations and referrals were made as follows:

Recommended to site in an advantageous position in class	176
Notified to the Head of the School for information and guidance	84
Notified to the Teacher of the Deaf to visit and advise in school	19
Recommended to cease swimming temporarily	6
Referred to–	
–Admission to Partially Hearing Unit	2
–Hearing Assessment Clinic, for a final decision operative treatment, special educational placement or the provision of a hearing aid	194
–Audiologist	12
–Family doctors for treatment	3
–Child Guidance	2
–Educational Psychologist	7
–Speech Therapist	26
–Nursery School	1
–Youth Employment Officer	1

Commercial Hearing Aids.–For certain pupils suffering from specific types of hearing defects, the ordinary National Health Service "Medresco" hearing aid is not entirely suitable, and in such cases, on the recommendation of the Aural Surgeon and the Audiologist, a special commercial hearing aid is provided by this Authority. In 1971, it was not necessary to provide any such commercial hearing aids for Shropshire pupils.

Hearing Assessment Clinics.–These are attended by Mr. E. N. Owen, F.R.C.S., Aural Surgeon to the Eye, Ear and Throat Hospital, Shrewsbury, the Audiologist, a Teacher of the Deaf, and Audiology Technician from the Hospital Group, one of the School Medical Officers and one of the specially trained Health Visitors. Those held at R.A.F. Cosford are attended by Wing Commander N. Vincenti Senior Specialist in Otorhinolaryngology, a School Medical Officer and the Audiologist.

Each child is thoroughly assessed by the Specialists in attendance and the parents are advised and given any help and guidance required. The family doctor is notified that the child will be attending for assessment and is always advised of the outcome, as are the Head Teacher of the child's school and the Education Department.

In 1971, 37 Hearing Assessment Clinics were held, 10 of these being at R.A.F. Hospital, Cosford, and 343 appointments were offered. The acceptances were 305, and of these 193 were new cases and 112 called for review, giving an attendance rate of 88.9%. The following recommendations were made:–

Number Referred		Source of Referral	No. Att.	Age Range			Recommendation													
				0–4	5–10	11–18	Hospital Treatment	Family Doctor	Treatment by Nurse	Other Consult-ants	Other Services	Issue of Hearing Aid	Auditory Training	Special care in ordinary School	Admission to Partially Hearing Unit	Admission to Res. Sch. for Deaf	Admission to Special School	Review at Hearing Assessment Clinic	Review at Medical Audiology Clinic	Discharge
New	154	School Medical Officer	144	2	131	11	66	1	1	2	2	1	—	105	—	—	—	25	116	3
Review	110		90	—	69	21	18	1	—	—	—	8	—	58	—	—	—	42	46	2
New	39	Audiologist	35	15	20	—	15	1	—	1	1	2	2	15	1	—	—	6	28	1
Review	21		20	4	15	1	1	—	—	1	—	2	—	8	—	—	—	7	7	6
New	13	Otologist	11	4	7	—	1	1	—	1	—	—	—	4	1	—	—	1	8	2
Review	2		2	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—
New	4	Out-County	3	—	2	1	1	—	—	—	—	1	—	1	—	—	—	2	1	—
Review	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals New	210		193	21	160	12	83	3	1	4	3	4	2	125	1	—	—	34	153	6
Totals Review	133		112	4	86	22	19	1	—	1	—	10	—	67	1	—	—	49	55	8
	343		305	25	246	34	102	4	1	5	3	14	2	192	2	—	—	83	208	14

National Surveillance of Congenital Rubella Defects

In a circular dated 29th July, 1970, the Department of Health and Social Security recommended that vaccination against Rubella should be offered to all girls between their eleventh and fourteenth birthdays. The purpose was to protect these girls against Rubella (which is universally recognised as a threat to women of child bearing potential because of the disastrous consquencies in pregnancy) before they reach child bearing age without attempting to reduce the incidence of natural Rubella infection in younger children.

The Department's Joint Committee of Vaccination and Immunisation has decided that, in addition, long term surveillance on a prospective basis to determine the effect of Rubella vaccine on the incidence of congential defects due to Rubella, is both desirable and feasible. The Committee has, therefore, arranged a National Surveillance Programme covering a period of at least 10 years, the minimum considered necessary to detect any material change in the incidence of such defects. This period will allow for natural fluctuations in the incidence of Rubella and will permit a study on a sufficiently large scale to-enable an assessment to be made of immunisation.

The Surveillance Programme is organised by two central registries, one covering the northern part of the country and the other the southern. Although the department recognise that cases of congenital Rubella, in particular those with multiple defects, usually come under the care of Paediatricians at an early age, they consider that a significant number may be seen for the first time in Audiology and other clinics run by Local Authorities or at school entry. Paediatricians and the Health Department are, therefore, involved in the task of reporting clinical details and sending appropriate laboratory specimens to one of the central registries. During 1971, 13 cases known to have attended Audiology Clinics and where there is a history of material Rubella infection were reported to the central registry, with the following results: one confirmed, four not confirmed, three suspected, two laboratory reports not yet received, three unco-operative, left county etc.

On reading the statistics given in this audiology report it is interesting to note that screening tests appear to evoke a luke warm response from parents but once they are aware that there is a suspicion of hearing loss, the attendance rate at clinics improves until at the stage when it is necessary to be seen by an Otologist, it is almost 100% e.g.

Babies under 1 year of age–61.4% (screening by Health Visitor)
Infants 1-5 years–61.5% (screening by Health Visitor)
Medical audiology clinics–76.2% (Clinic Medical Officer)
Hearing assessment clinics–88.9% (Otologist)

As the vast majority of children who progress up the pyramid are originally referred as a result of failing screening tests, it is obvious that within the missing "40%" there must be several other children who could benefit from early detection.

In mid-1971 the peripatetic teacher of the deaf took up another appointment outside this county and his work was divided between two other teachers of the deaf who were only able to devote part of their working week to this aspect. Their reports are given on pages 44-46. As you will see, because of the case load it may be necessary to re-examine the working of the peripatetic service. Perhaps it would be advantageous for the Teacher of the Deaf in a Unit to have time available to carry out auditory training and parent guidance with the families having children who will eventually join their nursery group at school. Another difficult judgment to make is the age at which to decide whether a child will be able to progress through the series of units for the partially hearing or whether he would benefit from education in a residential school. Members of the health and education departments liaise closely on such problems. It may be stating the obvious to say that in every case the good of the child is always the upper-most factor under consideration.

E. PAULETT
Audiologist

PARTIALLY HEARING CHILDREN

52 children are currently attending the three partially hearing units, distributed as follows:

Coleham County Primary School	19
Shifnal, St. Andrew's Primary School	19
Meole Brace Secondary Modern School	14

There are 2 children on the waiting list at the time of writing.

The Teacher-in-Charge of the Coleham unit has provided the following summary of the hearing losses of children at the Unit.

Coleham Partially Hearing Unit

Number of children on the roll in January, 1971
(Ages ranging from 3 to 11 years) 19

Number of children whose average loss is in the better ear

0–30 db	30–60 db	60–90 db	greater than 90 db
Nil	4	10	5

AIDS WORN BY CHILDREN IN UNIT

2 type OL 57 aids	1 type OL 57 aid	2 type OL 67 aid	1 type OL 57 aid
12	4	1	2

The following is an extract from a report of the Teacher-in-Charge of the secondary unit.

"Integration has followed a similar pattern to last year, with a now third year group doing more work in the main school. It is this group who are finding social integration easier than their predecessors. As there are only two, 1 boy and 1 girl, they cannot rely upon each other for a constant friendship and consequently are both accepted in their classes as equals. The present fourth year did not have this motivation and have always remained a tight little group, who needed little social contact with others. The second year, although there are 2 boys and 2 girls, have their own friends among the hearing children. The 1 girl in the first year, in spite of her considerable deafness, has been very well accepted and has a number of good friends.

Some have extra help with basic subjects in the Remedial Department and on one occasion a small group of children from the Remedial Department came to the unit to share a lesson with the 1 first year girl.

Medical inspections have been held twice during the year by Doctor Crosland, who has followed up many other problems unrelated to deafness, which have been noticed.

The 4 Eckstein hearing aids purchased last year have proved very useful and are carried unselfconsciously into the main school. Their numbers have now grown 5, as the Shrewsbury Lions Club kindly presented one to the unit.

There have been some visits made with Mr. Paulett during each holiday. Letters were sent to every home and all children have been visited within the year.

This year saw the first school leaver—a boy who went to work on the same farm as his father, despite encouragement to try other opportunities that were offered. Very good liaison is established

with Mrs. Tilson, the Youth Employment Officer for the area and contact has been made with the Youth Employment Officers of other areas.

It is anticipated that the 3 Fourth Year pupils due to leave in July, 1972 will be placed in suitable employment. Of these 3, 1 presents no problem but the other 2 live in inaccessible villages, making the choice narrower."

The Peripatetic Teacher of the Deaf, Mr. J. P. Jones, resigned at the end of August, 1970 to take up a Headship in Worcestershire. It did not prove possible to find a replacement during the 1971/72 school year, and the peripatetic work was, therefore, somewhat curtailed, the emphasis being placed on work with pre-school children and children with hearing impairments attending their local schools. Mrs. C. V. Davies, Teacher-in-Charge at Coleham, covered pre-school and primary school children working for 3½ days a week 'in the field' and 1½ at the Unit. Miss Sinclair, Teacher-in-Charge at Meole Brace was freed for a half day a week to supervise children in secondary schools. Between these teachers, 100—150 children were visited and Miss Sinclair writes of her work between September and December:

"In all 52 children were visited on 11 afternoons at 9 different schools; 3 schools were visited twice. Most schools have very helpful staff. Normally 1 member of staff seems to have more responsibility for these children.

In one school a number of children was referred by the Head Teacher after consultation with the staff. In all cases the difficulty seemed to arise from the acoustics. One senior girl asked to be seen and complained of monaural deafness, as a result of which she was referred to a Hearing Assessment Clinic and recommendations made.

Many children still do not wear their hearing aid and some staff were unaware of their handicap. One child, recently discharged from Coleham Partially Hearing Unit, had not worn her aid for a whole term. 12 children were discharged from the regular Peripatetic Visiting List as they were considered to be coping well and to be in no further need of help."

The following points are given by Mrs. C. V. Davies:

"September—December

During this period 93 children (87 school children and 6 pre-school children) received a total of 173 visits. Of this total 2 school children were given auditory training and remedial teaching weekly and the 6 pre-school children were visited weekly.

A small portable speech trainer was used, but this was of use only to the partially hearing child. The more severely handicapped child needs a more powerful speech trainer and arrangements are being made for this to be provided in 1972.

'Whoever has the welfare of the rising generation at heart cannot do better than consider as his highest object, the education of mothers.' Pestalozzi's words could not be more true when considering the education of the hearing impaired child, because without their whole-hearted help and co-operation, the severely deaf child, in particular, usually fails to reach his potential. Fathers too, of course, play a vital role, but many may only see their child for a few hours a day. It is an interesting point that the profoundly deaf pre-school child making most progress has deaf parents, one of whom is very deaf and is anxious, as is the father, that their child learns to talk.

The attitude of the staff towards the partially hearing child is much more important in deciding the child's progress than is the school building. Here is an important role for the teacher of the deaf to play. He must explain the child's hearing loss to the staff, sometimes with the aid of a tape of filtered speech. He should try to encourage the staff to give the child a little extra consideration without

treating him too differently from the child with normal hearing. Teachers are frequently worried about disciplining the partially hearing child. Here again the teacher of the deaf can give advice.

With the increasing open-plan design in schools, the hearing-aid user has an even more difficult task in sifting speech from unwanted sound."

The support and interest of parents and charitable organisations deserves comment. Through their generosity, a mini-bus and garage and money for running expenses have been provided for the children of the Shifnal Unit, and it has been possible to replace sooner than might otherwise have been the case, the six year old Group Hearing Aid in the nursery/infant class at Coleham with an up-to-date mobile unit which will provide superior amplification than the older models, a necessary improvement for these young children in the early stages of language attainment.

CHILD GUIDANCE SERVICE

Dr. D. R. Benady, Consultant Child Psychiatrist, gives the following account of the work carried out by the Child Guidance Service during 1971:

"The past year was one of continued clinical activity when diagnostic and therapeutic work with children and their families, combined with advisory service to other social and medical agencies, proceeded at a complex level. This activity was carried out in spite of staff changes and slight differences of emphasis.

Mr. Jack Green retired after a long and successful career. We miss his wisdom and experience of the county and its children. He always combined a warm and humane approach with solid common sense against a scientific background.

He is replaced by Mr. David Jones who was promoted from Senior Psychologist and whose knowledge of the County, its educational problems and needs of handicapped children is already at an expert level, without mentioning his own particular assessment skills.

Further staff changes were the retirement for personal reasons of Mrs. M. Thomas, whose skills with young children are greatly missed. She was replaced by Mr. David James. Miss Jean Roscoe was appointed as a trainee Educational Psychologist.

Mrs. C. Rhys-Jones left for personal reasons and was replaced by Mr. Frank Wills, a Sociologist turned Social Worker.

With the co-operation and help of the School Medical Officers, Health Visitors and General Practitioners, the Clinic was able to transfer to them the treatment of primary bedwetters, leaving more time available for more complex psychiatric problems. This time was immediately taken up and, in fact, the number of patients referred has remained the same i.e. there is thus a hidden increase in the number of children referred.

We continue to expand into the field of family psychiatry and a more suitable name for the Clinic would now be "Family and Child Guidance Service". There is a greater blurring of roles although each speciality retains its special expertise. Our clinical approach is based on team work and each part of the County has its own Social Worker and Psychologist with the Psychiatrist acting as Consultant and treating cases with a more medical emphasis. Our attitude is "eclectic"—that is we do not belong to any particular school of psychology but use whatever method of treatment is suited to the child and his family: e.g. all the psychotherapies—intensive, supportive, family, counselling and the newer psychiatric drugs, in particular anti-depressants. Depression is indeed a common finding, not just a temporary feeling of sadness, but a disabling illness which handicaps either children or their parents.

Unfortunately a small number of cases continue to take a disproportionate amount of time because of our lack of facilities. It is the sixth year that I have to report the absence of residential facilities for adolescents and for young children with severe communication disorders. Since these cases may be scattered, it is not generally realised that their needs are particular and specialised.

We continue to try to be available to other agencies' workers, in particular the Social Services, for consultation, but not as much as we would like because of the intensive demands on our time. We ourselves are seeking to increase our Social Worker establishment to cope with the increasing New Town population and to enable our existing Social Workers, who often work unpaid and unnoticed

overtime, to concentrate their particular skills where they are most needed. The establishment of Psychologists is to be increased in 1972 and this should relieve the heavy load on the current workers who have also to carry out their School Psychological duties.

The Clinic is aware that without the co-operation of the Special Schools, Trench Hall, Petton Hall, Haughton Hall, Katharine Elliot and Shelton Day Unit, its work would be even more limited than it is now. We should like to thank them and our medical and social work colleagues for their understanding of the problems involved in helping children and their families."

Summary of work done during 1971

Total number of new referrals		450
Unco-operative	16	
Awaiting appointments	20	
Left District etc.	11	
Total number of new cases seen:		
403 + 31 awaiting appointments from last year		434
Old cases re-referred for further help		50
Treatment cases carried forward from previous years		266
TOTAL CASE LOAD		750

Sources of referral:		%
Head Teachers	99	(22.0)
Principal School Medical Officer	71	(15.7)
Parents	43	(9.5)
Consultants and Private Doctors	189	(42.0)
Probation Officers	8	(1.8)
Miscellaneous: e.g. Children's Officer, Mental Hospital, Education Welfare Officers, Speech Therapists, N.S.P.C.C., Health Visitors	40	(9.0)

Reasons for referral:		
Difficulties in school–either in specific subjects, general behaviour or general attitude to work	41	(9.1)
Nervous conditions such as night terrors, anxiety conditions, stammering and timidity	161	(35.8)
Behaviour difficulties such as aggressive behaviour, severe temper tantrums, truancy and pilfering	150	(33.3)
Psychosomatic disorders–e.g. asthma, disorders of locomotion, sleep, feeding and evacuation	91	(20.3)
Miscellaneous reasons–vocational guidance, etc.	7	(1.5)

Number of new cases seen by Psychiatrist:		
Diagnostic interviews only (5 passed to psychologists for treatment)	45	
Diagnostic interview and survey (8 passed to psychologists for treatment)	32	
Cases closed during 1971	161	
Taken on for treatment		170
Treatment load carried forward from previous years		177
CURRENT TREATMENT LOAD		347

Number recommended for Maladjusted Schools:	
Trench Hall	14
2 awaiting admission, 2 subsequently settled in ordinary schools, 14 admitted during 1971;	
Independent Schools (1 awaiting admission)	7
Maintained Schools	2

Number recommended for:	
Home Tuition	4
Special Day Unit	7

B.C.G. VACCINATION OF SCHOOL CHILDREN

B.C.G. vaccination against Tuberculosis is available, with parental consent, to:

(a) school children in the year preceding their fourteenth birthday;
(b) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education and
(c) whole school classes, which may include a few children under 13 years, for convenience.

The following table gives particulars of schools visited for B.C.G. vaccination purposes during 1971, with comparative figures for 1970.

	Maintained and Grant-aided Schools		Independent Schools		Totals	
	1970	1971	1970	1971	1970	1971
Schools visited	44	37	13	6	57	43
Children tested	3,453*	3,225	379	210	3,832*	3,435
Reactors—positive	272	324	52	36	324	360
—negative	2,763	2,683	319	168	3,082	2,851
Not read	417*	218	9	6	426*	224
Children vaccinated	2,720	2,602	315	166	3,035	2,768
Negative reactors not vaccinated	43	80	4	2	47	82

** Of these 165 pupils were tested but not read at one school as they were sent home before the vaccination session commenced as a result of lighting difficulties during Electricity Workers' dispute.*

The following table gives comparative figures in relation to positive reactors found, during the period 1966 to 1971:

Year	Total Read	Positive Reactors	Percentage Positive Reactors
1966 ..	3,893	270	6.94
1967 ..	3,708	193	5.20
1968 ..	3,784	217	5.73
1969 ..	3,820	258	6.75
1970 ..	3,406	324	9.5
1971	3,211	360	11.2

Also skin-tested during the year were 75 children who had been given B.C.G. vaccination in the past. Of these, 74 revealed positive reactions, and 1 was negative and given B.C.G. vaccination.

The acceptance rate for B.C.G. vaccination for 1971 was 95.87%.

In addition, a special survey was made at one school where children had been in contact with known cases of Tuberculosis:

	Tested	*Positive Reactors*	*Negative Reactors*
Children (all ages)	24	13	11

N.B.—These figures are not included in the first of the tables above. Of the 13 positive reactors a number had had B.C.G. vaccination. All have had chest X-ray examination.

Chest Radiology.—Appointments for chest X-ray are offered to all positive reactors and also to their home contacts. In addition, pupils who have had large Heaf reactions (Grade 3 or 4) have follow-up X-rays four months and sixteen months after their initial chest X-ray. (By the Wolverhampton Chest Radiology Service only, not by the Stoke-on-Trent Service).

During 1971 some 5 children had large positive reactions.

The table below summarises the results of all cases investigated by the Wolverhampton Chest Radiology Unit.

	Pupils	*Home Contacts*	*Staff*
Cases investigated	105	144	—
Recalled for large film examination	7	2	—
Cases of tuberculosis discovered	—	—	—

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officers opportunity to check on the children's state of protection against Diphtheria, to urge the importance of immunisation and to get parent consent to its promotion and maintenance. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents". Propaganda methods, including the display of posters, are also used from time to time to remind the public of the importance of immunisation.

During 1971, the total number of children *of school age* who were primarily immunised was 212; of this number 96 were treated by School Medical Officers and 116 by general medical practitioners.

Children immunised against Diphtheria in infancy should have a reinforcing injection after an interval of three or four years and School Medical Officers at routine medical inspections advise this in appropriate cases.

Booster immunisation against diphtheria, tetanus and poliomyelitis is offered to children at school entry (5 years) and excluding diphtheria again to children aged 15 to 19 years on leaving school. Parents have the choice of their children being given the necessary doses either at school or by their family doctors.

Of 4,025 school children given "booster" doses in 1971, some 1,365 were dealt with by the School Medical Officers and 2,660 by general medical practitioners.

The effects of the immunisation campaign are demonstrated by the following table showing the incidence of, and deaths from, Diphtheria among persons of all ages in the County during the past twenty years.

		1952-56	1957-61	1962-66	1967-71
Notifications ..	Total	1	1	—	—
	Annual average	0.2	0.2	—	—
Deaths	Total	1*	—	—	—
	Annual average	0.2	—	—	—

*Death of elderly woman, assigned by Registrar-General ; C. diphtheria not found.

VACCINATION AGAINST SMALLPOX

During the year, 274 children between the ages of 5 and 15 years were vaccinated against Smallpox. Of this number, 125 vaccinations were performed by school medical officers and 149 by general medical practitioners.

In addition, 1,542 children were re-vaccinated, 1,011 by school medical officers and 531 by general practitioners.

In July 1971, the Chief Medical Officer, Department of Health and Social Security, informed local health authorities that he had endorsed the recommendations of the Department's Joint Committee on vaccination and immunisation that:—

(1) Vaccination against Smallpox need not now be recommended as a routine measure in early childhood.

(2) All travellers to and from areas of the world where Smallpox is endemic, or countries where eradication programmes are in progress, should be protected by recent vaccination.

(3) Health service staff who come into contact with patients should be offered vaccination and regular re-vaccination.

The arguments in favour of discontinuing Smallpox vaccination in childhood were given as follows:—

(a) The chances of introduction of Smallpox into Britain have substantially diminished and are likely to decrease with the further progress of the eradication campaign in countries where the disease is endemic.

(b) The British public are less likely to be exposed to infection with Smallpox than at any previous time since the disease was first recorded in this country.

(c) Vaccination is a safe and reliable method of protection against Smallpox for most persons, but as a result of a recent review of the position by the Department of Health's Joint Committee on vaccination and immunisation, it had been decided that the risk of serious complications in childhood although slight is still greater than the risk of contracting Smallpox in Britain.

In view of this advice, primary and booster vaccinations against Smallpox for all children were discontinued at the end of July, 1971.

VACCINATION AGAINST MEASLES

Children can now be protected against measles by a single injection of a vaccine which may be offered to all children up to 15 years old who have not been protected either by previous immunisation or by an attack of the natural disease.

Vaccination was first offered at the end of May, 1968, to children in the 4 to 7 year age group who were considered to be more at risk. As supplies of the vaccine became more plentiful the scheme was extended to include children aged 1 to 15 years.

Of the 2,296 vaccinated in this latter age group, 1,965 were dealt with by County Council Medical Officers and 331 by General Practitioners.

VACCINATION AGAINST POLIOMYELITIS

Some 160 children between the ages of 5 and 15 years received primary vaccination with Sabin (Oral) vaccine during the year and, of these 48 were dealt with by County Council Medical Officers while the remaining 112 received their doses from General Practitioners.

In addition, a further 4,990 children in the same age group were given fourth (or booster) doses 2,972 by County Council Medical Officers and 2,018 by General Practitioners.

IMMUNISATION AGAINST TETANUS

Of the 1,095 children who received primary immunisation against tetanus, 431 were dealt with by School Medical Officers and the remaining 664 by general practitioners. Of a further 7,144 children who received booster doses of tenanus antigen some in conjunction with diphtheria boosters by means of combined vaccines, 2,917 were immunised by School Medical Officers and 4,227 by Practitioners.

VACCINATION AGAINST RUBELLA (GERMAN MEASLES)

In July, 1970, the Department of Health and Social Security recommended that vaccination against Rubella should be offered to all girls between their eleventh and fourteenth birthdays but that initially priority should be given to older girls, i.e. those aged thirteen years. The purpose is to protect these girls against rubella (universally recognised as a major threat to women of child-bearing potential because of its disastrous consequences in pregnancy) before they reach child-bearing age, without attempting to reduce the incidence of natural rubella infection in younger children.

Parents are given the choice of arranging for this vaccination to be given either by their own doctor or by one of the Council's medical officers. During 1971 the parents of 3,922 girls between their eleventh and fourteenth birthdays applied for the vaccination to be carried out. Of this total 3,687 were dealt with by County Council Medical Officers and 235 by General Practitioners.

HEALTH EDUCATION

In Shropshire, Health Education is provided in schools upon request and in the form of talks mainly by medical officers, on health matters selected from a list of topics or specifically requested by schools having special problems or by individual Heads who feel that instruction on various health matters is necessary or desirable in their schools. The talks are illustrated by films, slides and strips and they are offered both by letters sent at the initiation of medical inspections and by advertisement in "Education Notes" addressed to schools by the Chief Education Officer. In the early stages, this system was something in the nature of utilising a part of medical officers' time upon conclusion of a routine medical inspection in order to deal with some topic in the field of preventive medicine.

Over the last few years, the variety of talks has been developed and relationships with school staff has widened. There has been an increase in the Headquarters staff of Health Lecturers and the tendency is for lecturers to be more readily available at the times when schools can fit them into their curricula and to give more attention to requirements of school leavers on problems connected with sex, personal relationships, environment and social adjustment, biology of health, (mental, physical, social), good and bad health practices, the common dangers, evils attendant upon misuse or addiction to drugs, tobacco, alcohol and hazards loosely termed "the permissive society".

In schools the specific subjects most in demand were personal relationships (sex differences and related matters,) addiction (smoking, drugs, alcohol) and home safety.

Smoking and Health.—Statistics indicate that the impressive incident of lung cancer is closely linked with the use of tobacco and medical evidence suggests that there are links between the incidence of chronic bronchitis and diseases of the heart and circulatory systems and the prevalence of the tobacco habit.

PHYSICAL EDUCATION

The following report has been provided by Mr. J. W. Beswick, Physical Education Adviser.

Shropshire Schools Field Study and Adventure Centre.—This Centre is now in its final stages of building and completion. The Centre comprises purpose-built accommodation, bungalow for the Warden and Deputy Warden and their families, "bedsitters" for the other teaching and ancillary staff. Double bunks and individual lockers are provided for the visiting students; a library and a laboratory, drying rooms, a lounge and ancillary offices have all now been provided. The Centre is now able to run for 52 weeks of the year if necessary but obviously for staff holidays, building maintenance etc., there is bound to be a break at various times of the year to allow these to take place. However, we did run for 48 weeks of this last year.

Courses in Field Study, Biology, Archaeology, Geology, Ecology, Environmental Studies, Courses in Outdoor Pursuits in Mountaineering, Light Weight Camping, Orienteering, Rock Climbing, Canoeing and Expeditions, have all taken place at the Centre. The services and courses offered as listed above can now lead to 'O' Level and 'A' Level Examinations and to 'C.S.E.' Examinations. The Centre is also a registered and recognised Mountain Rescue Centre and is recognised for running preliminary courses for the Mountain Leadship Certificate which, of course, is of vital importance to this day and age. The Centre is a recognised Snowdonia National Park Recreation Centre and in the last year the staff have been suitably rewarded by the Royal Humane Society for their part in rescue work.

Courses for our own pupils and own teachers have taken place but the Centre has led to an exchange between Cambridgeshire and Shropshire and our school and teachers visit them on a reciprocal basis. Many Colleges of Education send embryo teachers to do their teaching practice in a special subject at the Centre.

Swimming.—As new schemes come along either 'Joint Use', 'Parent Teacher Sponsored', Local Swimming Pool Committee Sponsored or Local Authority provided are all being made as much use of as possible to allow as many children in the county to swim. We have not, as yet, achieved a swimming baths in the Bishop's Castle/Clun area and therefore the children in the south of the county have not been able to do any definite swimming at times; obviously they have been at odd times, allowed into various other parts of the county. We hope, however, in 1972/73 that Bishop's Castle and Clun will rectify this matter. The new baths that have come into operation and have been covered this year i.e., Ellesmere, St. Martins, Church Stretton and Bridgnorth have all got full programmes and it is hoped that in 1972 Wem and Whitchurch Swimming Baths, which will be covered, will be in use during the year and therefore allow many more children to swim for at least two of the three terms.

All the year round swimming has not been sanctioned by the County Council as yet, the reason being that we cannot obtain parity of swimming in the county; as explained before we have no baths in the Bishop's Castle/Clun area.

Many more 'sponsored awards' have been instituted in the last year and these are mainly run by manufacturing firms and the schools and associations in Shropshire have availed themselves of the opportunity of taking their awards. This leads to some complications as to whether they have any credibility or not in the long run. Area and County Clinics have taken place again during the year.

The County Schools Association have run their Area and County Championships and the National Championships for Schools.

Shropshire Schools Sports and Athletics Association.—This Association now sponsors well over thirty sports and games at local area and county level and many thousands of children take part in their various enterprises. This very thriving body is able to attract both children and teachers to their various enterprises and many more children have been able to compete at a higher level throughout the country. Notable in this last year we have people in Infant Schools International Squads in Association Football and girls Gymnastics.

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the School Meals Service are not suffering from, or carriers of, infectious diseases liable to be transmitted by contamination of the food served in the Canteens, the medical examination of canteen staff is carried out at least once a year and new entrants to the service are examined as soon as possible and also given chest X-ray examinations. Staff should be examined before commencing employment; often the worker's services are urgently required and prior examination is not considered possible, but this is potentially dangerous practice.

These medical examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food; and the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh and other conditions such as eczema or other forms of dermatitis.

If on initial examination an employee is found to have a history or shows symptoms of intestinal disorder, arrangements are made for specimens of faeces, and if necessary urine, to be submitted to the Public Health Laboratory, Shrewsbury, for investigation.

The following particulars give some indication of this work during the year:—

PERSONNEL EMPLOYED

Employees	Whole-time	Part-time	Whole-time Equivalent
Canteen and Kitchen Staff	19	1,305	774
Supervisory Assistants	–	716	143
Other Staff	2	7	5
Total:	21	2,028	922

During 1971 a total of 987 examinations of canteen personnel (243 initial and 744 re-examinations) was carried out.

In 13 cases it was necessary to arrange for special chest X-ray examinations and the results in all cases where satisfactory. Chest X-ray examinations are made when the Chest Radiology Unit is in the area or can be arranged specially at the request of the Medical Officer.

This scheme includes personnel engaged in the preparation and handling of food stuff at the boarding schools and hostels in the County.

In addition, during 1971, Medical Officers carried out a total of 92 medical examinations of kitchen staff employed in Welfare Homes in the County.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

On the occasion of each annual routine medical inspection the premises are re-inspected by the School Medical Officer and matters which require attention or investigation are referred to the Chief Education Officer with a view to their being dealt with by the Education Works Committee.

GENERAL

Meals.—School canteen meals are available at 12p per head (free in necessitous cases) for one hundred per cent of children attending school. 73.6 per cent were having school dinners at a census taken in October, 1971; in October, 1970 the figure was 81.4 per cent.

Milk:—Under the provisions of the Milk and Meals (amendment No. 2) Regulations 1971 of the Education (Milk) Act it became the duty of local Education authorities, as from 1st September 1971, to provide free school milk for only the following classes of pupils in maintained schools:—

(a) Pupils in Special Schools
(b) Pupils in other maintained schools up to the end of the summer term next after they attain the age of seven years
(c) Other pupils in primary schools and junior pupils in all age and middle schools where a School Medical Officer certifies that a pupil's health requires that he should be provided with milk at school.

So far as this Authority is concerned it was decided that in regard to pupils aged 7-11 years in (c) above, only those pupils in one or other of the following two categories would be eligible for free school milk on medical grounds:—

(i) Those suffering from chronic debilitating conditions or,
(ii) Those showing positive evidence of malnutrition

These criteria for deciding whether a pupils is eligible for free milk are strictly adhered to.

The nutritional value of one third of a pint of milk is equivalent to 130 calories. Pupils aged 7-11 years require 2,000-2,500 calories daily as an adequate dietary allowance. One third of a pint of milk daily, therefore, supplies no more than 6.5% of the daily calorie intake required by pupils in this age group.

Arrangements were made through the County Health Department for the Local Health Visitor to visit each pupil in respect of whom an application was received for the provision of free school milk on medical grounds in order that her report on this could be made available to the Medical Officer examining the pupil; the appropriate medical recommendation is then forwarded to the Chief Education Officer for implementation. During the period 1st September to 31st December, 1971, 56 applications were received from parents, paediatricians, health visitors, Heads of schools and medical officers. Some 33 applications were approved for the provision of free school milk. In 19 cases free milk was not recommended and in the remaining 4 cases the appointments for medical examinations were not kept in spite of follow-up by the Health Visitors concerned.

A census taken in October 1971 showed that 34.8% of the children attending primary maintained schools were drinking milk in school.

Quality of Milk Supplies.—As far as possible only Pasteurised Milks are supplied; of a total of 232 departments in Primary maintained schools, 231 had pasteurised supplies and 1 an untreated supply in 1971.

Investigation of Milk Supplies.—The County Public Health Inspectors are responsible for the supervision of school milk supplies and samples for testing are obtained by Sampling Officers of the County Health Department. Methylene Blue colour tests to determine the keeping quality and, in the case of Pasteurised milk Phosphatase tests to determine whether the milk has been properly processed, are carried out on milk from each supplier at regular intervals.

The table below gives the results of the examination of samples taken during 1971.

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory*	Void†	Satisfactory	Unsatisfactory
Pasteurised	89	84	2	3	89	—
Untreated	4	2	1	1	—	—
TOTAL ..	93	86	3	4	89	—

*In the cases of the samples failing the Methylene Blue Test, "on delivery" samples were obtained and warning letters were sent to the Dealers concerned.

†Methylene Blue Tests are declared void when the atmospheric shade temperature exceeds 70°F. during storage in the laboratory.

Medical Examination of Prospective Teachers.—During 1971 the medical staff of the School Health Service examined 435 candidates for entry to the teaching profession.

STATISTICAL TABLES

(i.e. as submitted to the Department of Education and Science on Form 8.M).

TABLE I (A) PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of pupils inspected (nutrition)		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-Satisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1967 and later	6	6	—	2	—	2
1966	804	804	—	24	35	50
1965	2,247	2,244	3	25	63	79
1964	1,132	1,132	—	12	16	28
1963	173	173	—	4	2	5
1962	161	161	—	1	3	4
1961	96	96	—	3	2	5
1960	169	169	—	9	3	11
1959	411	411	—	10	8	18
1958	538	538	—	11	13	23
1957	441	441	—	8	13	20
1956	583	583	—	14	18	32
1955 and earlier ..	207	207	—	13	5	18
TOTAL ..	6,968*	6,965	3	136	181	295

* In addition 4,128 pupils were discussed and found not to warrant routine medical examination, 2,321 in 11 year age group and 1,807 in 14 year age group.

NOTE: (i) Routine medical examinations are normally carried out on entry to school only.

(ii) Columns 5, 6 and 7 relate to individual pupils and not to defects. Consequently the total in column (7) is not necessarily the sum of columns (5) and (6).

(B) OTHER INSPECTIONS

Special Inspections	1,710
Re-inspections	6,968
	8,678

(C) INFESTATION WITH VERMIN

(1)	Total number of examinations in the schools by the School Nurses or other authorised persons ..	96,868
(2)	Total number of individual pupils found to be infested	837
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	11
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	–

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1971

TABLE II — PERIODIC AND SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total		Special inspections	
		Requiring:		Requiring:		Requiring:		Requiring:		Requiring:	
		Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin	8	97	11	37	4	34	23	168	15	25
5	Eyes (*a*) Vision	63	497	35	268	38	298	136	1,063	70	168
	(*b*) Squint	30	98	1	11	4	25	35	134	22	34
	(*c*) Other	2	24	–	3	2	7	4	34	3	8
6	Ears (*a*) Hearing	6	265	–	42	3	78	9	385	16	125
	(*b*) Otitis Media ..	6	82	1	18	1	12	8	112	3	28
	(*c*) Other	1	32	–	9	–	13	1	54	1	3
7	Nose or Throat	11	285	6	37	4	71	21	393	4	133
8	Speech	18	89	1	10	2	18	21	117	33	140
9	Lymphatic Glands	1	84	–	2	1	10	2	96	–	9
10	Heart	4	70	–	18	2	17	6	105	1	27
11	Lungs	7	112	–	28	–	28	7	168	2	26
12	Development :										
	(*a*) Hernia	9	25	–	2	–	4	9	31	–	1
	(*b*) Other	5	154	2	18	1	45	8	217	6	45
13	Orthopaedic :										
	(*a*) Posture	–	34	1	12	–	10	1	56	2	13
	(*b*) Feet	3	97	4	25	3	35	10	157	6	41
	(*c*) Other	2	73	1	23	–	24	3	120	1	17
14	Nervous System :										
	(*a*) Epilepsy	–	20	–	3	1	8	1	31	13	19
	(*b*) Other	–	25	–	10	1	10	1	45	2	11
15	Psychological :										
	(*a*) Development ..	1	45	–	19	2	37	3	101	–	125
	(*b*) Stability ..	–	81	2	20	1	28	3	129	6	123
16	Abdomen	1	37	1	12	–	18	2	67	4	16
17	Other	6	103	7	44	3	38	16	185	3	49

TABLE III — (A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with
External and other, excluding errors of refraction and squint	2
Errors of refraction (including squint)	4,545
TOTAL ..	4,547
Number of pupils for whom spectacles were prescribed	4,465

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases dealt with
Received operative treatment :	
(*a*) for diseases of the ear	30
(*b*) for adenoids and chronic tonsillitis	418
(*c*) for other nose and throat conditions ..	3
Received other forms of treatment	110
TOTAL ..	561
Total number of pupils in schools who are known to have been provided with hearing aids : (*a*) in 1971	24
(*b*) in previous years	174

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	224

(D) DISEASES OF THE SKIN (excluding Uncleanliness, for which see Part C of Table I)

	Number of defects treated or under treatment during year
Ringworm : (i) Scalp	9
(ii) Body	7
Scabies	35
Impetigo	27
Other skin diseases	34
TOTAL ..	112

(E) CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	750

(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	1,001

(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(*a*) Miscellaneous Minor Ailments	30
(*b*) Pupils who received convalescent treatment under School Health Service arrangements ..	14
(*c*) Pupils who received B.C.G. Vaccination ..	2,768
(*d*) Other treatment given :	
Appendicitis	6
Asthma	16
Bronchitis	3
Cardiac Conditions	10
Diabetes	11
Epilepsy	12
Hernia	16
Meningitis	1
Osteomyelitis	1
Pneumonia	4
Tubercular Conditions	9
Miscellaneous	40
TOTAL (*a*)—(*d*) ..	2,941